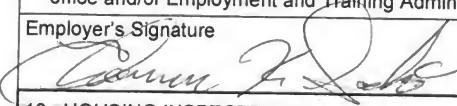
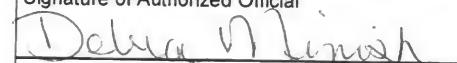


U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332						
<b>2. HOUSING LOCATION</b> 520 Crow Creek Lane Augusta, MO 63332					<b>3. HOUSING DESCRIPTION</b> Ranch Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
Length		12	12								
Width		11	11								
Ceiling Height		8	8								
Square Feet		132	132								
No. of Rooms		1	1								
No. of Beds, Single											
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1				1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
1	1		1								
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Debbie Brinkman				Date 12-10-14				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-10-14				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-10-14				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Aleweit Concrete, Inc. 18358 County Hwy D-20 Alden, Iowa 50006								
2. HOUSING LOCATION 430 Paul Lane Wayland, MO 63472					3. HOUSING DESCRIPTION 16 X 80 Mobile Home <i>ID # 3145</i>								
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY			
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 12			
		Length	13'6	13'6	13'6					6. REGULATIONS COMPLIANCE ("x" proper box)			
		Width	11.6	11.6	11.6					Yes	No		
		Ceiling Height	8	8	8					Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		Square Feet								Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		No. of Rooms								Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single								Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
No. of Beds or Bunks, Double	2	2	2					Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. FACILITIES (Number of each)										<i>3/5/15 - Housing Inspe for Illinois, since work is in that State.</i>			
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2									
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs									
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2									
8. COMMENTS										<i>Smoke &amp; Carbon Monoxide Detectors - 4 City trash pick-up 2x a week Local laundry matt New quality built construction</i>			
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature <i>Daniel A. Hippel</i>					Typed Name and Title <i>Property Manager</i>					Date <i>3-5-15</i>			
10. HOUSING INSPECTED BY:													
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title Debra Minish, State Monitor Advocate					Date 3/5/2015			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title Debra Minish, State Monitor Advocate					Date <i>3-5-15</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete Inc. 18358 County Hwy D-20 Alden, Iowa 50006						
2. HOUSING LOCATION 5046 Red Maple Lane Fulton, MO 62251					3. HOUSING DESCRIPTION 16 x 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY  5. CAPACITY (Adults) 12  6. REGULATIONS COMPLIANCE ("X" proper box) Yes No  Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
		1	2	3	4	1	2	3	4		
		Length	13'6	13.6	13.6						
		Width	11.6	11.6	11.6						
		Ceiling Height	8	8	8						
		Square Feet	160	160	160						
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double	2	2	2								
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2							
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2							
8. COMMENTS Smoke and Carbon Monoxide Detectors - 4 City trash pick-up Local laundry matt New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 		Typed Name and Title Thomas K. Sacks Supervisor				Date 4/7/2015					
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 		Typed Name and Title Debra Minish, State Monitor Advocate				Date 4/7/2015					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 		Typed Name and Title Debra Minish, State Monitor Advocate				Date 4/7/2015					

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

5118 Faraon Street Lot #55  
St. Joseph, MO

**1. EMPLOYER'S NAME AND ADDRESS**

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

**3. HOUSING DESCRIPTION**

16 X 80 Mobile Home

ID# INADE01A04466-MJ,

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	13'6	13'6	13'6						5. CAPACITY (Adults) 12	
Width	11'6	11'6	11'6						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8						Yes      No	
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	2	2	2						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES (Number of each)</b>										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie						

**8. COMMENTS**

Smoke/Carbon Monoxide Detectors---4

New quality built construction

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Marc Alewelt, President

Date

2/11/15

**10. HOUSING INSPECTED BY:** Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Debra Minish  
Joyce Hahn, Workforce Specialist IV

Date

2/11/15

**11. APPROVAL:** Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, Workforce Specialist IV

Date

2/11/15

Debra Minish

# \* Housing Inspection Conducted for MO-SWA

Form Approved  
Budget Bureau No. 44-R1358

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

## EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

### 2. HOUSING LOCATION

72872 638<sup>th</sup> Ave  
Auburn, NE 68305

### 1. EMPLOYER'S NAME AND ADDRESS

Marc Alewelt  
18358 County Hwy D-20  
Alden, IA 50006

### 3. HOUSING DESCRIPTION

House 12  
Capacity = 38

### 4. SLEEP ROOMS (No. & Measure)

	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	5. CAPACITY (Adults)	38 12
Length	13	13	13						6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Width	11	11	11						Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Ceiling Height	8	8	8						Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	143	143	143						Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1						Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks Double	2	2	2							

### 7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1			1	1
Bathtubs	Movable Bathtubs	Laundry machines 1 WASH 1 TOTAL	Fixed laundry tubs	Movable laundry tubs
0	0		0	0
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 AOC
1	1	1	1	

### 8. COMMENTS

Nebraska  
Housing

### 9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Ronald Clausen - Manager

Date

02/11/2015

### 10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Paul Elkins - Housing Inspector

Date

02/11/2015

### 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Steve Porr, FLC Coordinator

Date

02/11/2015

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

2. HOUSING LOCATION

777 E. Yerby St. Lot 86  
Marshall, MO

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS  
(No. & Measure)

	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length	14' 10"	13' 6"	11' 8"	13' 6"					5. CAPACITY (Adults)	11
Width	11' 5"	11' 3"	11' 8"	11' 3"					6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Ceiling Height	8	8	8						Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 2 Kiddie
1	1	1	1	

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Marc Alewelt, President

Date

9-25-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

9-25-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

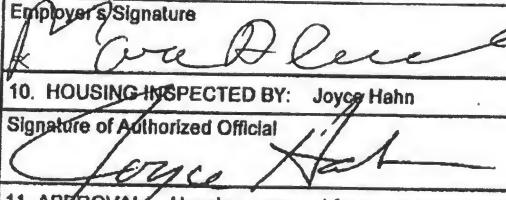
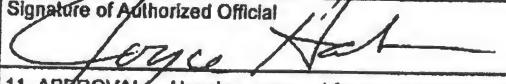
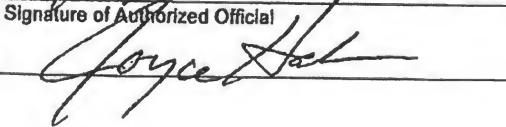
Signature of Authorized Official

Typed Name and Title

Date

9-25-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006																																																																																																																		
<b>2. HOUSING LOCATION</b> 1110 6 <sup>th</sup> Street Lot #7 Bethany, MO 64424					<b>3. HOUSING DESCRIPTION</b> 16 X 80 Mobile Home																																																																																																																		
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td>13'6</td> <td>13'6</td> <td>13'6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td>11'6</td> <td>11'6</td> <td>11'6</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td>8</td> <td>8</td> <td>8</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td>2</td> <td>2</td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	1	2	3	4	Length	13'6	13'6	13'6						Width	11'6	11'6	11'6						Ceiling Height	8	8	8						Square Feet									No. of Rooms									No. of Beds, Single									No. of Beds or Bunks, Double	2	2	2						<b>b. Family Type</b> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	Length					Width					Ceiling Height					Square Feet					No. of Rooms					No. of Beds, Single					No. of Beds or Bunks, Double				
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 605 E. Fields Blvd. Lot G-12 El Dorado Springs, MO 64744					3. HOUSING DESCRIPTION 16X80 Mobile Home						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length	14'10	11'9	16'2						
		Width	11'3	11'3	11'3						
		Ceiling Height	8	8	8						
		Square Feet	160	135	183						
		No. of Rooms									
		No. of Beds, Single			1						
No. of Beds or Bunks, Double	2	2	1								
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	2	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs	2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	1	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i> 2 Kiddie						
8. COMMENTS Smoke/Carbon Monoxide Detectors New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature		Typed Name and Title				Date					
		Marc Alewelt				6/10/16					
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official		Typed Name and Title				Date					
		Joyce Hahn, Program Coordinator				6-10-16					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official		Typed Name and Title				Date					
		Joyce Hahn, Program Coordinator				6-10-16					

<p>U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE</p> <p><b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i></p>					<p>1. EMPLOYER'S NAME AND ADDRESS</p> <p>Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006</p>																																																		
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<p>4. SLEEP ROOMS (No. &amp; Measure)</p>		<p>a. Dormitory Type</p> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td>14'10</td> <td>11'9</td> <td>16'2</td> <td></td> </tr> <tr> <td>Width</td> <td>11'3</td> <td>11'3</td> <td>11'3</td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td>8</td> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>Square Feet</td> <td>160</td> <td>135</td> <td>183</td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td>2</td> <td>2</td> <td>1</td> <td></td> </tr> </table>				1	2	3	4	Length	14'10	11'9	16'2		Width	11'3	11'3	11'3		Ceiling Height	8	8	8		Square Feet	160	135	183		No. of Rooms					No. of Beds, Single			1		No. of Beds or Bunks, Double	2	2	1		<p>b. Family Type</p> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> </table>				1	2	3	4	<p>ES USE ONLY</p>		
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<p>10. HOUSING INSPECTED BY: Joyce Hahn</p>																																																							
Signature of Authorized Official		Typed Name and Title			Date																																																		
<i>Joyce Hahn</i>		Joyce Hahn, Program Coordinator			3-4-16																																																		
<p>APPROVAL: Housing approved for occupancy by workers recruited interstate.</p>																																																							
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006							
2. HOUSING LOCATION 1110 6 <sup>th</sup> Street Lot #3 Bethany, MO 64424					3. HOUSING DESCRIPTION 16 X 80 Mobile Home							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY		
		1	2	3	4	1	2	3	4			
Length		13'6	13'6	13'6						5. CAPACITY (Adults) 12		
Width		11'6	11'6	11'6						6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height		8	8	8						Yes	No	
Square Feet										<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms										<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single										<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double		2	2	2						<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)												
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie								
8. COMMENTS												
Smoke/Carbon Monoxide Detectors---4  New quality built construction												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature <i>Mike Peters</i>					Typed Name and Title SITE SUPERVISOR Date Marc Alewelt, President <i>MIKE PETERS</i> 1-7-16							
10. HOUSING INSPECTED BY:												
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title SITE Monitor Date Debra Minish, Advocate <i>Debra Minish</i> 1-7-16							
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title SITE Monitor Date Debra Minish, Advocate <i>Debra Minish</i> 1-7-16							

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
<b>2. HOUSING LOCATION</b> 1110 6 <sup>th</sup> Street Lot #2 Bethany, MO 64424					<b>3. HOUSING DESCRIPTION</b> 16 X 80 Mobile Home				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length		13'6	13'6	13'6					5. CAPACITY <i>(Adults)</i> <b>12</b>
Width		11'6	11'6	11'6					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height		8	8	8					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i> 2 Kiddie					
1	1	1	1						
<b>8. COMMENTS</b> Smoke/Carbon Monoxide Detectors---4  New quality built construction									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title MIKE PETERS		SITE SUPERVISOR		Date <b>1/7/14</b>	
<b>10. HOUSING INSPECTED BY:</b>									
Signature of Authorized Official 				Typed Name and Title Debra Minish		State Monitor Advocate		Date <b>1-7-14</b>	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Debra Minish		State Monitor Advocate		Date <b>1-7-14</b>	

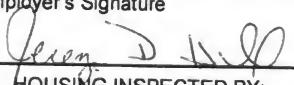
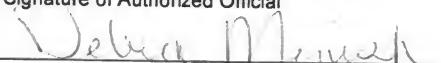
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Aleweit Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 1110 6 <sup>th</sup> Street Lot #7 Bethany, MO 64424					3. HOUSING DESCRIPTION 16 X 80 Mobile Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		13'6	13'6	13'6					5. CAPACITY (Adults) 12
Width		11'6	11'6	11'6					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height		8	8	8					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie					
8. COMMENTS									
Smoke/Carbon Monoxide Detectors---4									
New quality built construction									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Mike Peters</i>				Typed Name and Title Mike Peters Marc Aleweit, President			Date 1/7/16		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Minish</i>				Typed Name and Title Debra Minish State Monitor Advocate			Date 1-7-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Minish</i>				Typed Name and Title Debra Minish State Monitor Advocate			Date 1-7-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006							
2. HOUSING LOCATION 5118 Faraon Street Lot #55 St. Joseph, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY		
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 12		
Length		13'6	13'6	13'6						6. REGULATIONS COMPLIANCE ("x" proper box)		
Width		11'6	11'6	11'6						Yes	No	
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet										Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2						Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)												
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
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Employer's Signature <i>Mike Peters</i>					Typed Name and Title <i>MIKE PETERS</i>					Date <i>1/7/16</i>		
10. HOUSING INSPECTED BY:												
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title <i>Debra Minish</i>					Date <i>1-7-16</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title <i>Debra Minish</i>					Date <i>1-7-16</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 605 East Cross St. #4 Hamilton, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'10	11'.9	16.2					5. CAPACITY (Adults) <i>11</i>		
Width		11.3	11.3	11.3					6. REGULATIONS COMPLIANCE ("X" proper box)		
Ceiling Height		8	8	8					Yes	No	
Square Feet									<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms									<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single									<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks Double		<i>2</i>	<i>2</i>	<i>1</i>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 2 Kiddie							
1	1	1	1								
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4											
New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Michael G Peters</i>				Typed Name and Title MICHAEL G Peters				Date 1-7-16			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Minish</i>				Typed Name and Title State Monitor Debra Minish Advocate				Date 1-7-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Minish</i>				Typed Name and Title State Monitor Debra Minish Advocate				Date 1-7-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006								
2. HOUSING LOCATION 309 Hyatt Brookfield, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home								
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY			
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) <i>11</i>			
Length		14'10	11'9	16'2						6. REGULATIONS COMPLIANCE ("x" proper box)			
Width		11'.3	11'.3	11'.3						Yes	No		
Ceiling Height		8	8	8						Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Square Feet		160	135	183						Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms										Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single										Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double		<i>2</i>	<i>2</i>	<i>1</i>						Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)													
Flush Toilets <i>2</i>	Privy	Urinals	Lav. or Washbasins	Showerheads <i>2</i>									
Bathtubs <i>2</i>	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs									
Cook Stoves <i>1</i>	Refrigerators <i>1</i>	Garbage containers <i>1</i>	First-aid Kits <i>1</i>	Fire Extinguishers (No. & type) <i>2 Kiddie</i>									
8. COMMENTS													
Smoke/Carbon Monoxide Detectors---4													
New quality built construction													
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature <i>Jeremy J. Minish</i>					Typed Name and Title <i>Jeremy J. Minish Plant operator</i>			Date <i>1-15-16</i>					
10. HOUSING INSPECTED BY:													
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>			Date <i>1-15-16</i>					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official <i>Debra Minish</i>					Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>			Date <i>1-15-16</i>					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 777 E. Yerby St., Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length		14'10	11'9	16'2					
Width		11'.3	11'.3	11'.3					
Ceiling Height		8	8	8					
Square Feet		160	135	183					
No. of Rooms									
No. of Beds, Single				1					
No. of Beds or Bunks, Double		2	2	1					
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
2									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 2 Kiddie					
1	1	1	1						
8. COMMENTS									
Smoke/Carbon Monoxide Detectors---4									
New quality built construction									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Jeremy D. Minish</i>			Typed Name and Title <i>Jeremy D. Minish Plant Operator</i>			Date 1-15-16			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, State Monitor Advocate			Date 1-15-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, State Monitor Advocate			Date 1-15-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Aleweit Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006					
2. HOUSING LOCATION 430 Paul Lane Wayland, MO 63472					3. HOUSING DESCRIPTION 16 X 80 Mobile Home					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY  5. CAPACITY (Adults) <b>10</b> 6. REGULATIONS COMPLIANCE ("x" proper box) Yes No Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>		
		1	2	3	4	1	2		3	4
Length		13'6	13'6	13'6						
Width		11'6	11'6	11'6						
Ceiling Height		8	8	8						
Square Feet		158	158	158						
No. of Rooms										
No. of Beds, Single										
No. of Beds or Bunks, Double		2	2	1						
7. FACILITIES (Number of each)										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie						
8. COMMENTS Smoke/Carbon Monoxide Detectors---4  New quality built construction										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Jeremy D Hill			Plant Operator Date 1-15-16				
10. HOUSING INSPECTED BY:										
Signature of Authorized Official 			Typed Name and Title Debra Minish, State Monitor Advocate			Date 1-15-16				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Debra Minish, State Monitor Advocate			Date 1-15-16				

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

2. HOUSING LOCATION

1028 Sinnock Ave. Lot #44  
Moberly, MO 65270

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	13'6	13'6	13'6						5. CAPACITY (Adults) <i>j/1</i>
Width	11'6	11'6	11'6						6. REGULATIONS COMPLIANCE ("X" proper box)
Ceiling Height	8	8	8						Yes      No
Square Feet	158	158	158						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	<i>2</i>	<i>2</i>	<i>1</i>						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
2				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 2 Kiddie
1	1	1	1	

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

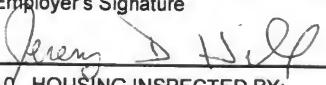
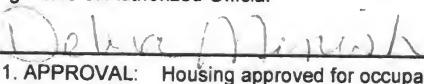
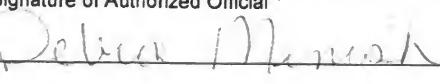
Employer's Signature	Typed Name and Title	Date
<i>Jeremy D. Will</i>	<i>Jeremy D. Will</i> Plant Operator	<i>1-15-16</i>

10. HOUSING INSPECTED BY:

Signature of Authorized Official	Typed Name and Title	Date
<i>Debra Minish</i>	Debra Minish, State Monitor Advocate	<i>1-15-16</i>

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official	Typed Name and Title	Date
<i>Debra Minish</i>	Debra Minish, State Monitor Advocate	<i>1-15-16</i>

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION Stone Mobile Home Park 533 W. Summer St. #13 Monroe City, MO 63456					3. HOUSING DESCRIPTION 16 X 80 Mobile Home ID# 3153						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
		Length	13'6"	13'6"	13'6"					5. CAPACITY (Adults) 11	
		Width	11'6	11'6	11'6					6. REGULATIONS COMPLIANCE ("x" proper box)	
		Ceiling Height	8	8	8					Yes	No
		Square Feet	158	158	158					<input checked="" type="checkbox"/>	<input type="checkbox"/>
		No. of Rooms								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single			1					<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No. of Beds or Bunks, Double	2	2	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 kiddie							
8. COMMENTS											
Smoke and Carbon Monoxide Detectors--4											
City trash pickup 2x a week											
Local laundry mat											
New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Jeremy J. Hill <i>Plant Operator</i>				Date 1-15-16			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Debra Minish, State Monitor Advocate				Date 1-15-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Debra Minish, State Monitor Advocate				Date 1-15-16			

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

2. HOUSING LOCATION

5046 Red Maple Lane  
Fulton, MO 65251

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS  
(No. & Measure)

	a. Dormitory Type				b. Family Type				ES USE ONLY
	1	2	3	4	1	2	3	4	
Length	13'6	13'6	13'6						
Width	11'6	11'6	11'6						
Ceiling Height	8	8	8						
Square Feet	158	158	158						
No. of Rooms									
No. of Beds, Single				1					
No. of Beds or Bunks, Double	2	2	1						

5. CAPACITY  
(Adults) 11

6. REGULATIONS COMPLIANCE  
("x" proper box) Yes No

Water

Electricity

Site

Screening

Heating

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

*Jeremy D. Wild*

Typed Name and Title

*Jeremy D. Wild*

Plant

operator

Date

1-15-16

10. HOUSING INSPECTED BY:

Signature of Authorized Official

*Debra Minish*

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

1-15-16

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

*Debra Minish*

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

1-15-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 777 E. Yerby St., Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
		Length	14'10	11'9	16'2						
		Width	11'.3	11'.3	11'.3						
		Ceiling Height	8	8	8						
		Square Feet	160	135	183						
		No. of Rooms									
		No. of Beds, Single	1	1	1						
No. of Beds or Bunks, Double	1	1	1								
5. CAPACITY (Adults) 9											
6. REGULATIONS COMPLIANCE ("X" proper box) Yes No											
<input checked="" type="checkbox"/> Water <input type="checkbox"/> <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> <input checked="" type="checkbox"/> Site <input type="checkbox"/> <input checked="" type="checkbox"/> Screening <input type="checkbox"/> <input checked="" type="checkbox"/> Heating <input type="checkbox"/>											
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie							
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4											
New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Mike Peters</i>			Typed Name and Title <i>MIKE PETERS SUPER</i>			Date <i>12/14/17</i>					
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, FLC Coordinator			Date <i>12/14/17</i>					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, FLC Coordinator			Date <i>12/14/17</i>					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 1028 Sinnock Ave. Lot #44 Moberly, MO 65270					3. HOUSING DESCRIPTION 16 X 80 Mobile Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		13'6	13'6	13'6					
Width		11'6	11'6	11'6					
Ceiling Height		8	8	8					
Square Feet		158	158	158					
No. of Rooms									
No. of Beds, Single		/	/	1					
No. of Beds or Bunks, Double		2	2	1					
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie					
8. COMMENTS Smoke/Carbon Monoxide Detectors---4  New quality built construction									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Mike Peters</i>				Typed Name and Title <i>MIKE PETERS</i>				Date 12/12	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 12/12/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 12/12/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 309 Hyatt #1 Brookfield, MO 64628				3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b> <i>1198</i>	
	1	2	3	4	1	2	3	4		
	Length	14'10	11'9	16'2						
	Width	11'.3	11'.3	11'.3						
	Ceiling Height	8	8	8						
	Square Feet	160	135	183						
	No. of Rooms									
No. of Beds, Single	1	1	1							
No. of Beds or Bunks, Double	2	1	1							
7. FACILITIES (Number of each)										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2						
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie						
8. COMMENTS Smoke/Carbon Monoxide Detectors---4  New quality built construction										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Mike Peters</i>				Typed Name and Title <i>MIKE PETERS SUPER</i>				Date <i>12/12</i>		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, FLC Coordinator				Date <i>12-12-17</i>		
11. APPROVAL Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, FLC Coordinator				Date <i>12-12-17</i>		

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

605 E. Fields Blvd.  
El Dorado Springs, MO 64744

**1. EMPLOYER'S NAME AND ADDRESS**

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

**3. HOUSING DESCRIPTION**

16X80 Mobile Home

**4. SLEEP ROOMS  
(No. & Measure)**

a. Dormitory Type

b. Family Type

	1	2	3	4	1	2	3	4	ES USE ONLY
Length	14'10	11'9	16'2						5. CAPACITY (Adults) <i>389</i>
Width	11'3	11'3	11'3						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Yes      No
Square Feet	160	135	183						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>

**7. FACILITIES (Number of each)**

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

**8. COMMENTS**

Smoke/Carbon Monoxide Detectors

New quality built construction

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

*Brian Wieschenbach*

*site supervisor*

Date

*8/17-17*

**10. HOUSING INSPECTED BY:** Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

*8/17-17*

**11. APPROVAL:** Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

*8/17-17*

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

2. HOUSING LOCATION

Stone Mobile Home Park  
533 W. Summer St. #13  
Monroe City, MO 63456

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

3. HOUSING DESCRIPTION

16 X 80 Mobile Home  
ID# 3153

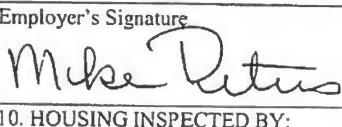
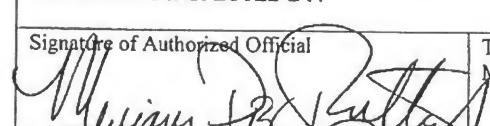
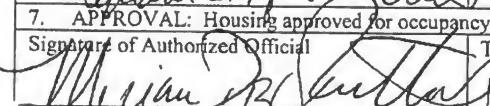
4. SLEEP ROOMS  
(No. & Measure)

a. Dormitory Type

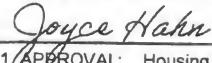
b. Family Type

**ES USE ONLY**

	1	2	3	4	1	2	3	4
Length	13'6"	13'6"	13'6"					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet	158	158	158					
No. of Rooms								
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double	2	1	2	1				

US DEPARTMENT OF LABOR Employment and Training Administration					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden IA 50006					
EMPLOYER FURNISHED HOUSING AND FACILITIES					2. HOUSING LOCATIONS 35 Trails End Chester, IL 62233					
					3. HOUSING DESCRIPTION Three bedroom, two bathroom, manufactured home.					
4. SLEEP ROOMS (No. & Measure)		A. Dormitory Type			B. Family Type			ES USE ONLY		
		1	2	3	4	1	2	3	4	Capacity (Adults) 9
Length		11' 3"	11' 3"	11' 3"	11' 3"	14' 6"				REGULATIONS COMPLIANCE ("X" Proper Box) Yes Yes No
Width		9'	10'	9'	9' 2"	6' 11"				Water ✓
Ceiling Height		8'	8'	8'	8'	8'				Electricity ✓
Square Feet		101	112.5	101	103	100				Site ✓
No. of Rooms.										Screening ✓
No. of Beds, Single						1				Heating ✓
No. of Beds or Bunks, Double		1	2	2	2					
7. FACILITIES (Number of each)										
Flush Toilets 2	Privy 2	Urinals /	Lav. Or Washbasins /	Showerheads 2						
Bathtubs 2	Movable Bathtubs /	Laundry Machines /	Fixed Laundry Tubs /	Movable Laundry Tubs /						
Cook Stoves 1	Refrigerators 1	Garbage Containers 6	First-Aid Kits /	Fire Extinguishers (No. & Type) 2						
8. COMMENTS New lockers in all the rooms - Lovin' it! ☺ Everything looks great. Thank You!										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, (✓) OSHA ( ) ETA, and that the housing described herein (✓) meets ( ) does not meet such standards. I hereby authorize representatives of the State Employment Services Office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 		Typed Name and Title MIKE PETERS			Date 11/27/2017					
10. HOUSING INSPECTED BY:										
Signature of Authorized Official 		Typed Name and Title Myriam L. Diaz Rutland, ESS I - SS			Date NOV. 27, 2017					
7. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 		Typed Name and Title Myriam L. Diaz Rutland			Date NOV. 27, 2017					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006			
<b>2. HOUSING LOCATION</b> 309 Hyatt Brookfield, MO					<b>3. HOUSING DESCRIPTION</b> 16 X 80 Mobile Home			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length	14'10	11'9	16'2					<b>5. CAPACITY</b> <i>(Adults)</i> 11
Width	11'.3	11'.3	11'.3					<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>
Ceiling Height	8	8	8					Yes      No
Square Feet	160	135	183					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	1					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
2				2				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
2								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>				
1	1	1	1	2 Kiddie				
<b>8. COMMENTS</b> Smoke/Carbon Monoxide Detectors---4  New quality built construction								
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature 			Typed Name and Title Brian Hahn Site Supervisor Maschlebach			Date 8-20-17		
<b>10. HOUSING INSPECTED BY:</b>								
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator			Date 8-20-17	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator			Date 8-20-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> Aleweit Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006																																																																																	
<b>2. HOUSING LOCATION</b> 1028 Sinnock Ave. Lot #44 Moberly, MO 65270								<b>3. HOUSING DESCRIPTION</b> 16 X 80 Mobile Home																																																																																	
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td>13'6</td> <td>13'6</td> <td>13'6</td> <td></td> </tr> <tr> <td>Width</td> <td>11'6</td> <td>11'6</td> <td>11'6</td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td>8</td> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>Square Feet</td> <td>158</td> <td>158</td> <td>158</td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td>1</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td>1</td> <td>1</td> <td>1</td> <td></td> </tr> </table>					1	2	3	4	Length	13'6	13'6	13'6		Width	11'6	11'6	11'6		Ceiling Height	8	8	8		Square Feet	158	158	158		No. of Rooms					No. of Beds, Single	1	1	1		No. of Beds or Bunks, Double	1	1	1		<b>b. Family Type</b> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1	2	3	4	Length					Width					Ceiling Height					Square Feet					No. of Rooms					No. of Beds, Single					No. of Beds or Bunks, Double					<b>ES USE ONLY</b>	
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<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																																																									
Employer's Signature 				Typed Name and Title <b>STEVE BAKER PROPERTY MGR</b>				Date 12/17/17																																																																																	
<b>10. HOUSING INSPECTED BY:</b>																																																																																									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, FLC Coordinator</b>				Date 12/17/17																																																																																	
<b>11 APPROVAL:</b> Housing approved for occupancy by workers recruited Interstate.																																																																																									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, FLC Coordinator</b>				Date 12/17/17																																																																																	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
<b>2. HOUSING LOCATION</b> 5118 Faraon Street Lot #55 St. Joseph, MO					<b>3. HOUSING DESCRIPTION</b> 16 X 80 Mobile Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	13'6	13'6	13'6						
		Width	11'6	11'6	11'6						
		Ceiling Height	8	8	8						
		Square Feet									
		No. of Rooms									
		No. of Beds, Single	1	1	1						
No. of Beds or Bunks, Double	1	1	1								
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	1	1	2 Kiddie							
<b>8. COMMENTS</b> Smoke/Carbon Monoxide Detectors---4  New quality built construction											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employee's Signature			Typed Name and Title				Date				
<i>Mike Peters</i>			<i>MIKE PETERS</i>				<i>SUPER</i> <i>12/14/17</i>				
<b>10. HOUSING INSPECTED BY:</b>											
Signature of Authorized Official			Typed Name and Title				Date				
<i>Joyce Hahn</i>			<i>Joyce Hahn, FLC Coordinator</i>				<i>12-14-17</i>				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title				Date				
<i>Joyce Hahn</i>			<i>Joyce Hahn, FLC Coordinator</i>				<i>12-14-17</i>				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Alewelt Concrete, Inc.</b> 18358 County Hwy D-20 Alden, IA 50006					
2. HOUSING LOCATION <b>777 E. Yerby St. Lot 86</b> Marshall, MO					3. HOUSING DESCRIPTION <b>16 X 80 Mobile Home</b>					
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	14'10	11'9	16'2						
	Width	11'3	11'3	11'3						
	Ceiling Height	8	8	8						
	Square Feet									
	No. of Rooms									
No. of Beds, Single	1	1	1							
No. of Beds or Bunks, Double	1	1	1							
<b>7. FACILITIES (Number of each)</b>										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie						
<b>8. COMMENTS</b> <b>Smoke/Carbon Monoxide Detectors--4</b>  New quality built construction										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Steven Baker</i>			Typed Name and Title <b>STEVEN BAKER PROPERTY MGR.</b>				Date 12/14/17			
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title <b>Joyce Hahn, FLC Coordinator</b>				Date 12/14/17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title <b>Joyce Hahn, FLC Coordinator</b>				Date 12/14/17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 430 Paul Lane Wayland, MO 63472					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>  5. CAPACITY (Adults) <i>#F9</i> 6. REGULATIONS COMPLIANCE ("x" proper box)	
		1	2	3	4	1	2	3	4		
		Length	13'6	13'6	13'6						
		Width	11'6	11'6	11'6						
		Ceiling Height	8	8	8						
		Square Feet	158	158	158						
		No. of Rooms									
No. of Beds, Single	<i>1</i>	<i>1</i>	1								
No. of Beds or Bunks, Double	<i>2</i>	<i>2</i>	1								
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie							
8. COMMENTS Smoke/Carbon Monoxide Detectors---4  New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 		Typed Name and Title <i>MIKE PETERS</i>				Date <i>12/11/17</i>					
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date <i>12-11-17</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date <i>12-11-17</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006			
2. HOUSING LOCATION 605 East Cross St. #4 Hamilton, MO								3. HOUSING DESCRIPTION 16 X 80 Mobile Home			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	14'10	11'.9	16.2						
		Width	11.3	11.3	11.3						
		Ceiling Height	8	8	8						
		Square Feet									
		No. of Rooms									
No. of Beds, Single	1	1	1								
No. of Beds or Bunks, Double	1	1	1								
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie							
8. COMMENTS Smoke/Carbon Monoxide Detectors---4  New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title MIKE PETERS SUPER				Date 12/14/17			
10. HOUSING INSPECTED BY: Joyce Hahn				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 12/14/17			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 12/14/17			

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

2. HOUSING LOCATION

22 Spencer Court Lot 26  
Bloomfield Iowa 52537

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Highway D20  
Alden, IA 50006

3. HOUSING DESCRIPTION

Mobile home

4. SLEEP ROOMS  
(No. & Measure)

Length	a. Dormitory Type				b. Family Type			
	1	2	3	4	1	2	3	4
Width	12.9	12.8	11.6					
Ceiling Height	11.1	11	11.1					
Square Feet	711	711	711					
No. of Rooms	143	140	128					
No. of Beds, Single	1	1	1					
No. of Beds or Bunks, Double	1	1	1					

7. FACILITIES (Number of each)

Flush Toilets	2	Privy	0	Urinals	0	Lav. or Washbasins	2	Showerheads	2
Bathtubs	2	Movable Bathtubs	0	Laundry machines	0	Fixed laundry tubs	0	Movable laundry tubs	0
Cook Stoves	1	Refrigerators	1	Garbage containers	4	First-aid Kits	1	Fire Extinguishers (No. & type)	2 ABC

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Ron Hurley

Typed Name and Title

Ron Hurley

Housing Super

Date

12/14/17

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Wade Stover

Typed Name and Title

Marco A. Adasme - Housing inspector

Date

12/14/2017

11. APPROVAL: Housing approved for occupancy by workers recruited Interstate.

Signature of Authorized Official

Denise Schippers

Typed Name and Title

Denise Schippers, Program Manager

Date

5/10/18

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

Form Approved  
Budget Bureau No. 44-R1358

### EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

#### 2. HOUSING LOCATION

5046 Red Maple Lane  
Fulton, MO 65251

#### 1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

#### 3. HOUSING DESCRIPTION

16 X 80 Mobile Home

#### 4. SLEEP ROOMS (No. & Measure)

Length	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	Yes	No
Width	13'6	13'6	13'6						<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceiling Height	11'6	11'6	11'6						<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet	8	8	8						<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms	158	158	158						<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single	1	1	1						<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### 7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

#### 8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

#### 9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

MIKE PETERS SUPER

Date

12/11

#### 10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-11-17

#### 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

12-11-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>									1. EMPLOYER'S NAME AND ADDRESS  Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006		
2. HOUSING LOCATION  1110 6 <sup>th</sup> Street Lot #3 Bethany, MO 64424									3. HOUSING DESCRIPTION  16 X 80 Mobile Home		
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) <b>12 9 17</b>	
		Length	13'6	13'6	13'6					6. REGULATIONS COMPLIANCE ('x' proper box)	
		Width	11'6	11'6	11'6					Yes	No
		Ceiling Height	8	8	8					<input checked="" type="checkbox"/> Water	<input type="checkbox"/>
		Square Feet								<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>
		No. of Rooms								<input checked="" type="checkbox"/> Site	<input type="checkbox"/>
No. of Beds, Single	<b>1</b>	<b>1</b>	<b>1</b>					<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>		
No. of Beds or Bunks, Double	<b>2</b>	<b>1</b>	<b>1</b>					<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>		
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie							
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4											
New quality built construction											
9. EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Steven W Baker</i>				Typed Name and Title <i>SESTEEN W. BAKER PROPERTY MGR</i>				Date <b>12/14/17</b>			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, FLC Coordinator				Date <b>12/14/17</b>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, FLC Coordinator				Date <b>12/14/17</b>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
<b>2. HOUSING LOCATION</b> 605 East Cross St. #4 Hamilton, MO					<b>3. HOUSING DESCRIPTION</b> 16 X 80 Mobile Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	14'10	11'.9	16.2						
		Width	11.3	11.3	11.3						
		Ceiling Height	8	8	8	*					
		Square Feet									
		No. of Rooms									
No. of Beds, Single			1								
No. of Beds or Bunks, Double	2	2	1								
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Eav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	2 Kiddie							
<b>8. COMMENTS</b> Smoke/Carbon Monoxide Detectors---4  New quality built construction											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature		Typed Name and Title						Date			
<i>J. Walsh</i>		<i>Brian Welschbach</i>						<i>5/24/17-17</i>			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official		Typed Name and Title						Date			
<i>Joyce Hahn</i>		Joyce Hahn, FLC Coordinator						<i>1-17-17</i>			
<b>APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official		Typed Name and Title						Date			
<i>Joyce Hahn</i>		Joyce Hahn, FLC Coordinator						<i>1-17-17</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING LOCATION 777 E. Yerby St. Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2		
Length		14'10	11'9	16'2					
Width		11'3	11'3	11'3					
Ceiling Height		8	8	8					
Square Feet									
No. of Rooms									
No. of Beds, Single				1					
No. of Beds or Bunks, Double		2	2	1					
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals		Lav. or Washbasins	Showerheads 2				
Bathtubs	Movable Bathtubs	Laundry machines		Fixed laundry tubs	Movable laundry tubs				
Cook Stoves 1	Refrigerators 1	Garbage containers 1		First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie				
8. COMMENTS									
Smoke/Carbon Monoxide Detectors---4									
New quality built construction									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 		Typed Name and Title Brian Blescherbach Supervisor				Date 1-17-17			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-17-17			
1. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-17-17			

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

605 East Cross St. #4  
Hamilton, MO

**1. EMPLOYER'S NAME AND ADDRESS**

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

**3. HOUSING DESCRIPTION**

16 X 80 Mobile Home

**4. SLEEP ROOMS  
(No. & Measure)**

Length	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	Yes	No
Width	14'10	11'9	16.2							
Ceiling Height	11.3	11.3	11.3							
Square Feet	8	8	8	*						
No. of Rooms										
No. of Beds, Single			1							
No. of Beds or Bunks, Double	2	2	1							

**7. FACILITIES (Number of each)**

Flush Toilets 2	Privy	Urinals	lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

**8. COMMENTS**

Smoke/Carbon Monoxide Detectors---4

New quality built construction

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-17-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-17-17

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

2. HOUSING LOCATION

1110 6<sup>th</sup> Street Lot #3  
Bethany, MO 64424

3. HOUSING DESCRIPTION  
16 X 80 Mobile Home

4. SLEEP ROOMS  
(No. & Measure)

	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	5. CAPACITY (Adults)	12
Length	13'6	13'6	13'6							
Width	11'6	11'6	11'6							
Ceiling Height	8	8	8						6. REGULATIONS COMPLIANCE (X" proper box)	Yes      No
Square Feet										
No. of Rooms										
No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2							

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Site Supervisor

Date

1-24-17

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-24-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-24-17

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

2. HOUSING LOCATION

1110 6<sup>th</sup> Street Lot #7  
Bethany, MO 64424

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS  
(No. & Measure)

a. Dormitory Type      b. Family Type

	1	2	3	4	1	2	3	4
--	---	---	---	---	---	---	---	---

Length	13'6	13'6	13'6					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet								
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	2	2	2					

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Site

Date

Brian Hirschenthal Supervisor

1-20-17

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, FLC Coordinator

1-20-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, FLC Coordinator

1-20-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 1110 6 <sup>th</sup> Street Lot #6 Bethany, MO 64424					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length	13'6	13'6	13'6						
		Width	11'6	11'6	11'6						
		Ceiling Height	8	8	8						
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double	2	2	2								
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 2 Kiddie							
8. COMMENTS Smoke/Carbon Monoxide Detectors---4  New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Brian Wachenhahn Site Supervisor			Date 1-24-17					
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Coordinator         Date 1-24-17											
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Coordinator         Date 1-24-17											

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

1110 6<sup>th</sup> Street Lot #2  
Bethany, MO 64424

**1. EMPLOYER'S NAME AND ADDRESS**

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

**3. HOUSING DESCRIPTION**

16 X 80 Mobile Home

**4. SLEEP ROOMS  
(No. & Measure)**

	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 12	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length	13'6	13'6	13'6							
Width	11'6	11'6	11'6							
Ceiling Height	8	8	8							
Square Feet										
No. of Rooms										
No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2							

**7. FACILITIES (Number of each)**

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

**8. COMMENTS**

Smoke/Carbon Monoxide Detectors---4

New quality built construction

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Brian Wieschenbach Site Supervisor

Date

1-24-17

**10. HOUSING INSPECTED BY:**

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-24-17

**11. APPROVAL: Housing approved for occupancy by workers recruited interstate.**

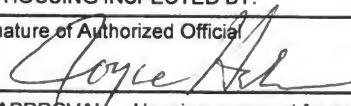
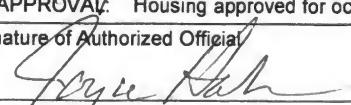
Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-24-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006						
2. HOUSING LOCATION 777 E. Yerby St. Lot 86 Marshall, MO					3. HOUSING DESCRIPTION 16 X 80 Mobile Home						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'10	11'9	16'2					5. CAPACITY (Adults) 11		
Width		11'3	11'3	11'3					6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height		8	8	8					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Square Feet									Water <input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms									Electricity <input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single				1					Site <input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double		2	2	1					Screening <input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)									Heating <input checked="" type="checkbox"/>	<input type="checkbox"/>	
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie							
8. COMMENTS											
Smoke/Carbon Monoxide Detectors---4											
New quality built construction											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 		Typed Name and Title Brian Wiescherbach Supervisor			Date 1-17-17						
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, FLC Coordinator			Date 1-17-17						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, FLC Coordinator			Date 1-17-17						

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

2. HOUSING LOCATION

605 East Cross St. #4  
Hamilton, MO

3. HOUSING DESCRIPTION

16 X 80 Mobile Home

4. SLEEP ROOMS  
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	14'10	11'.9	16.2					
Width	11.3	11.3	11.3					
Ceiling Height	8	8	8	*				
Square Feet								
No. of Rooms								
No. of Beds, Single			1					
No. of Beds or Bunks, Double	2	2	1					

5. CAPACITY  
(Adults) 11

6. REGULATIONS COMPLIANCE  
("x" proper box)

Yes No

- |             |                                     |                          |
|-------------|-------------------------------------|--------------------------|
| Water       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Electricity | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Site        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Screening   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heating     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

8. COMMENTS

Smoke/Carbon Monoxide Detectors---4

New quality built construction

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

*Brian Waschek* 5/17-17

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

*Joyce Hahn*, FLC Coordinator

1-17-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

*Joyce Hahn*, FLC Coordinator

1-17-17

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

430 Paul Lane  
Wayland, MO 63472

**1. EMPLOYER'S NAME AND ADDRESS**

Alewelt Concrete, Inc.  
18358 County Hwy D-20  
Alden, IA 50006

**3. HOUSING DESCRIPTION**

16 X 80 Mobile Home

**4. SLEEP ROOMS  
(No. & Measure)**

a. Dormitory Type

b. Family Type

	1	2	3	4	1	2	3	4	ES USE ONLY	
Length	13'6	13'6	13'6						5. CAPACITY (Adults) 11	
Width	11'6	11'6	11'6						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8	8	8						Yes	No
Square Feet	158	158	158						Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single				1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	2	2	1						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	

**7. FACILITIES (Number of each)**

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie

**8. COMMENTS**

Smoke/Carbon Monoxide Detectors---4

New quality built construction

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Brian Maxbaba *514C*  
Supervisor

Date

1-24-17

**10. HOUSING INSPECTED BY:**

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-24-17

**11. APPROVAL: Housing approved for occupancy by workers recruited interstate.**

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, FLC Coordinator

Date

1-24-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> (See Instructions on Reverse)					1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006			
2. HOUSING LOCATION Stone Mobile Home Park 533 W. Summer St. #13 Monroe City, MO 63456					3. HOUSING DESCRIPTION 16 X 80 Mobile Home ID# 3153			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY		
		1	2	3	4	1	2	
Length	13'6"	13'6"	13'6"					
Width	11'6	11'6	11'6					
Ceiling Height	8	8	8					
Square Feet	158	158	158					
No. of Rooms								
No. of Beds, Single			1					
No. of Beds or Bunks, Double	2	2	1					
7. FACILITIES (Number of each)								
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2				
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 kiddie				
8. COMMENTS Smoke and Carbon Monoxide Detectors--4 City trash pickup 2x a week Local laundry mat New quality built construction								
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature 		Typed Name and Title Brian Wachterbach Supervisor		Date 1-23-17				
10. HOUSING INSPECTED BY:								
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, FLC Coordinator		Date 1-23-17				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, FLC Coordinator		Date 1-23-17				

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

48532 Hwy 10  
Hardin, MO 64035

**1. EMPLOYER'S NAME AND ADDRESS**

Amazing Grain Farm, LLC  
25204 E. Blue Valley Rd.  
Independence, MO 64058

**3. HOUSING DESCRIPTION**

Farm House

**4. SLEEP ROOMS  
(No. & Measure)**

a. Dormitory Type

b. Family Type

	1	2	3	4	1	2	3	4	ES USE ONLY			
Length	15'4	15'4	15'4	15'4					5. CAPACITY (Adults)			
Width	13'6	12'5	13'5	13'6					6. REGULATIONS COMPLIANCE ("X" proper box)			
Ceiling Height	9	9	9	9					Yes	No		
Square Feet	207	190	206	207					Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms	1	1	1	1					Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single	1	1	1	1					Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double									Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)										Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**8. COMMENTS**

ETA Regs used for inspection.  
Propane gas for heating

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Crystal Wind office mgr

Date

4-15-16

**10. HOUSING INSPECTED BY:** Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

4-15-16

**11. APPROVAL:** Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

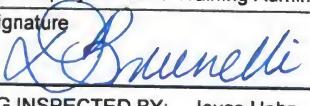
Typed Name and Title

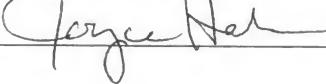
Joyce Hahn, Program Coordinator

Date

4-15-16

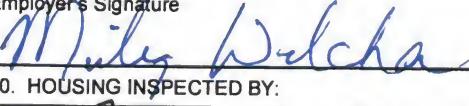
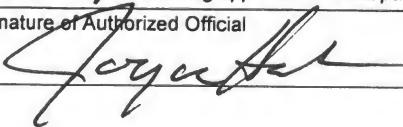
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Brenda Benner Stables, Inc 6901 Oakland Gravel Rd Columbia, MO 65202						
<b>2. HOUSING LOCATION</b> Same as Above					<b>3. HOUSING DESCRIPTION</b> Apartment adjacent to Stables						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				11'					
		Width				12'					
		Ceiling Height				8'					
		Square Feet				242'					
		No. of Rooms				1					
No. of Beds, Single											
No. of Beds or Bunks, Double				1							
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1					1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)						
	1	1	1		1 abc						
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Brenda Benner</i>			Typed Name and Title Brenda Benner, President				Date 11/20/16				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date 11/20/16				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date 11/20/16				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Baker Creek Heirloom Seed Company 2278 Baker Creek Road Mansfield, MO 65704						
<b>2. HOUSING LOCATION</b> 2975 Sparks Rd. Norwood, MO 65717					<b>3. HOUSING DESCRIPTION</b> Single Family Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
Length											
Width											
Ceiling Height											
Square Feet											
No. of Rooms											
No. of Beds, Single											
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	1	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs		Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	1	Refrigerators	1	Garbage containers	First-aid Kits					Fire Extinguishers (No. & type)	
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title				Date				
			Danielle Brunelli HR				12-2016				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official			Typed Name and Title				Date				
			Joyce Hahn, Program Coordinator				12-2016				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title				Date				
			Joyce Hahn, Program Coordinator				12-2016				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> (See Instructions on Reverse)				1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri						
2. HOUSING LOCATION 28615 SE Outer road Harrisonville, MO				3. HOUSING DESCRIPTION Large Barn Like Structure with individual sleeping pods/Barracks Style						
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
	Length	15'	15'	15'	15'	15'	15'	15'		
	Width	18'	18	18	18	18	18	18		
	Ceiling Height									
	Square Feet	270	270	270	270	270	270	270		
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2	2	2	2	2			
5. CAPACITY (Adults) 40										
6. REGULATIONS COMPLIANCE ("x" proper box) Yes No										
Water <input checked="" type="checkbox"/> <input type="checkbox"/>										
Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>										
Site <input checked="" type="checkbox"/> <input type="checkbox"/>										
Screening <input checked="" type="checkbox"/> <input type="checkbox"/>										
Heating <input checked="" type="checkbox"/> <input type="checkbox"/>										
7. FACILITIES (Number of each)										
Flush Toilets 4	Privy	Urinals	Lav. or Washbasins 3	Showerheads 4						
Bathtubs	Movable Bathtubs	Laundry machines 2	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 3	Refrigerators 3	Garbage containers 3	First-aid Kits 1	Fire Extinguishers (No. & type) 2 ABC Dry						
8. COMMENTS 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Julie Rew Director of HR				Date 11-6-18		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coord				Date 11-6-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coord				Date 11-6-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bela Flor Nurseries, Inc. Harrisonville, Missouri					
<b>2. HOUSING LOCATION</b> 28615 SE Outer road Harrisonville, MO					<b>3. HOUSING DESCRIPTION</b> Large Barn Like Structure with individual sleeping pods/Barracks Style					
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	15'	15'							
	Width	18'	18							
	Ceiling Height									
	Square Feet	270	270							
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double	2	2								
<b>7. FACILITIES (Number of each)</b>										
Flush Toilets 4	Privy	Urinals	Lav. or Washbasins 3	Showerheads 3						
Bathtubs	Movable Bathtubs	Laundry machines 2	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 2	Refrigerators 2	Garbage containers 1	First-aid Kits 2	Fire Extinguishers (No. & type) 2 ABC Dry						
<b>8. COMMENTS</b> 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Julie Rew</i>		Typed Name and Title <i>Julie Rew Director of HR</i>				Date 11-6-18				
<b>10. HOUSING INSPECTED BY:</b> Signature of Authorized Official <i>Joyce Hahn</i> Typed Name and Title <i>Joyce Hahn, Program Co.</i> Date 11-6-18										
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate Signature of Authorized Official <i>Joyce Hahn</i> Typed Name and Title <i>Joyce Hahn, Program Co.</i> Date 11-6-18										

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bela Flor Nurseries, Inc. Harrisonville, Missouri						
<b>2. HOUSING LOCATION</b> 28615 SE Outer road Harrisonville, MO					<b>3. HOUSING DESCRIPTION</b> Large Barn Like Structure with individual sleeping pods/Barracks Style						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	15'	15'							
		Width	18'	18							
		Ceiling Height									
		Square Feet	270	270							
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double	2	2									
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets  4	Privy	Urinals	Lav. or Washbasins  3	Showerheads  3							
Bathtubs	Movable Bathtubs	Laundry machines  2	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves  2	Refrigerators  2	Garbage containers  1	First-aid Kits  2	Fire Extinguishers <i>(No. &amp; type)</i> 2 ABC Dry							
<b>8. COMMENTS</b> 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature  <i>Misty Welch</i>			Typed Name and Title  <i>Misty Welch HR manager</i>				Date  11-16-16				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn Signature of Authorized Official  <i>Joyce Hahn</i> Typed Name and Title Joyce Hahn, Program Coordinator      Date  11-16-16											
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official  <i>Joyce Hahn</i> Typed Name and Title Joyce Hahn, Program Coordinator      Date  11-16-16											

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bela Flor Nurseries, Inc. Harrisonville, Missouri																			
<b>2. HOUSING LOCATION</b> 28615 SE Outer road Harrisonville, MO					<b>3. HOUSING DESCRIPTION</b> Large Barn Like Structure with individual sleeping pods/Barracks Style																			
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>														
		1	2	3	4	1	2	3	4															
		Length	15'	15'	15'	15'	15'	15'	15'															
		Width	18'	18	18	18	18	18	18															
		Ceiling Height																						
		Square Feet	270	270	270	270	270	270	270															
		No. of Rooms																						
		No. of Beds, Single																						
No. of Beds or Bunks, Double	2	2	2	2	2	2	2																	
<b>7. FACILITIES (Number of each)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Flush Toilets <b>4</b></td> <td>Privy</td> <td>Urinals</td> <td>Lav. or Washbasins <b>3</b></td> <td>Showerheads <b>4</b></td> </tr> <tr> <td>Bathtubs</td> <td>Movable Bathtubs</td> <td>Laundry machines <b>2</b></td> <td>Fixed laundry tubs</td> <td>Movable laundry tubs</td> </tr> <tr> <td>Cook Stoves <b>3</b></td> <td>Refrigerators <b>3</b></td> <td>Garbage containers <b>3</b></td> <td>First-aid Kits <b>1</b></td> <td>Fire Extinguishers (No. &amp; type) <b>2 ABC Dry</b></td> </tr> </table>										Flush Toilets <b>4</b>	Privy	Urinals	Lav. or Washbasins <b>3</b>	Showerheads <b>4</b>	Bathtubs	Movable Bathtubs	Laundry machines <b>2</b>	Fixed laundry tubs	Movable laundry tubs	Cook Stoves <b>3</b>	Refrigerators <b>3</b>	Garbage containers <b>3</b>	First-aid Kits <b>1</b>	Fire Extinguishers (No. & type) <b>2 ABC Dry</b>
Flush Toilets <b>4</b>	Privy	Urinals	Lav. or Washbasins <b>3</b>	Showerheads <b>4</b>																				
Bathtubs	Movable Bathtubs	Laundry machines <b>2</b>	Fixed laundry tubs	Movable laundry tubs																				
Cook Stoves <b>3</b>	Refrigerators <b>3</b>	Garbage containers <b>3</b>	First-aid Kits <b>1</b>	Fire Extinguishers (No. & type) <b>2 ABC Dry</b>																				
<b>8. COMMENTS</b> 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area																								
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																								
Employer's Signature 				Typed Name and Title Misty Welch HR Manager				Date 11-16-16																
<b>10. HOUSING INSPECTED BY:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature of Authorized Official </td> <td>Typed Name and Title Joyce Hahn, Program Coordinator</td> <td>Date 11-16-16</td> </tr> </table>												Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 11-16-16										
Signature of Authorized Official 	Typed Name and Title Joyce Hahn, Program Coordinator	Date 11-16-16																						
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.																								
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-16-16																

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bela Flor Nurseries, Inc. Harrisonville, Missouri				
2. HOUSING LOCATION 28615 SE Outer road Harrisonville, MO					3. HOUSING DESCRIPTION Large Barn Like Structure with individual sleeping pods/Barracks Style				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		ES USE ONLY	
		1	2	3	4	1	2		3
Length		15'	15'	15'	15'	15'	15'	15'	5. CAPACITY (Adults) 40
Width		18'	18	18	18	18	18	18	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		270	270	270	270	270	270	270	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2	2	2	2	2	Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 4	Privy	Urinals	Lav. or Washbasins 3	Showerheads 4					
Bathtubs	Movable Bathtubs	Laundry machines 2	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 3	Refrigerators 3	Garbage containers 3	First-aid Kits 1	Fire Extinguishers (No. & type) 2 ABC Dry					
8. COMMENTS									
4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Misty Welch</i>			Typed Name and Title <i>Misty Welch HR Manager</i>				Date <i>11-12-15</i>		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, Workforce Specialist				Date <i>11-12-15</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, Workforce Specialist				Date <i>11-12-15</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bela Flor Nurseries, Inc. Harrisonville, Missouri						
<b>2. HOUSING LOCATION</b> 28615 SE Outer road Harrisonville, MO					<b>3. HOUSING DESCRIPTION</b> Large Barn Like Structure with individual sleeping pods/Barracks Style						
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	15'	15'							
		Width	18'	18							
		Ceiling Height									
		Square Feet	270	270							
		No. of Rooms									
No. of Beds, Single											
No. of Beds or Bunks, Double	2	2									
<b>7. FACILITIES (Number of each)</b>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
4			3	3							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
		2									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
2	2	1	2	2 ABC Dry							
<b>8. COMMENTS</b> 4 Workers per pod 3 Tables 2 Microwaves 2 Fire Extinguishers Smoke alarms in each pod Large portable AC that could be used to cool whole area											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title				Date				
			Misty Welch HR Mgr				11-12-15				
<b>10. HOUSING INSPECTED BY:</b> Debra Minish											
Signature of Authorized Official			Typed Name and Title				Date				
			Debra Minish, Workforce Specialist				11-12-15				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title				Date				
			Debra Minish, Workforce Specialist				11-12-15				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Benner Farms & Harvesting, LLC 14045 NW 61 <sup>st</sup> Court Kansas City, MO 64152						
<b>2. HOUSING LOCATION</b> 18480 45 Hwy North Weston, MO 64198					<b>3. HOUSING DESCRIPTION</b> Farm House						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				17'3	15'2				
		Width				15'1	14'1				
		Ceiling Height									
		Square Feet				274	226				
		No. of Rooms				1	1				
No. of Beds, Single				4	4						
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	1 ABC							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Clark Benner				Date			
								6-15-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date			
								6-15-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date			
								6-15-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Benner Farms & Harvesting LLC 14045 NW 61 <sup>st</sup> Court Kansas City, MO 64152				
2. HOUSING LOCATION 18480 45 HWY North Weston, MO 64198					3. HOUSING DESCRIPTION Farm House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length						17'3	15'2		
Width						15'1	14'1		
Ceiling Height									
Square Feet						274	226		
No. of Rooms						1	1		
No. of Beds, Single						4	4		
No. of Beds or Bunks, Double									
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) BC Size 1					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input type="checkbox"/> meets <input checked="" type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Clark B. Benner</i>			Typed Name and Title <i>Clark B. Benner /OWNER.</i>			Date <i>6/9/16</i>			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, State Monitor Advocate			Date <i>6/9/16</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, State Monitor Advocate			Date <i>6/9/16</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				1. EMPLOYER'S NAME AND ADDRESS Benner Farms & Harvesting LLC 14045 NW 61 <sup>st</sup> Court Kansas City, MO 64152					
2. HOUSING LOCATION 18480 45 Hwy North Weston, MO 64198				3. HOUSING DESCRIPTION Frame Housing					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length						17'3	15'2		
Width						15'10	14'10		
Ceiling Height									
Square Feet						274	226		
No. of Rooms						1	1		
No. of Beds, Single						4	4		
No. of Beds or Bunks, Double									
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) BC Size 1					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Clark B. Benner</i>			Typed Name and Title <i>Clark B. Benner, Owner/Manager</i>				Date 6/12/15		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, State Monitor Advocate				Date 6/12/15		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title Debra Minish, State Monitor Advocate				Date 6/12/15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants 38009 State Highway AA Anabel, MO 63431							
2. HOUSING LOCATION Same as Employer Address					3. HOUSING DESCRIPTION Large 2 story older farm house.							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>				
		1	2	3	4	1	2			3	4	
		Length				10' 4"	22' 4"			10'3"	11'7"	10'5"
		Width				12'3"	15'2"			9'	21'6"	12'4"
		Ceiling Height				8	8			8	8	
		Square Feet				127'	339'			92'	249'	128'
		No. of Rooms										
No. of Beds, Single				22	58	21	80	3				
No. of Beds or Bunks, Double						1						
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
3				3								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)								
1	1	1		2abc								
8. COMMENTS 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature			Typed Name and Title					Date				
<i>Joshua Collier</i>			<i>At Cordle, Station Manager</i>					<i>12/14/2018</i>				
10. HOUSING INSPECTED BY: Joyce Hahn <i>Joshua Collier, Station Manager</i>												
Signature of Authorized Official			Typed Name and Title					Date				
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>					<i>12/14/18</i>				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official			Typed Name and Title					Date				
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>					<i>12/14/18</i>				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Bonnie Plants 38009 State Highway AA Anabel, MO 63431						
2. HOUSING LOCATION  Same as Employer Address					3. HOUSING DESCRIPTION  Large 2 story older farm house.						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length				10' 4"	22' 4"	10'3"	11'7"	10'5"	5. CAPACITY (Adults)	22	10
Width				12'3"	15'2"	9'	21'6"	12'4"	6. REGULATIONS COMPLIANCE ("x" proper box)	Yes	No
Ceiling Height				8	8	8	8		Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet				127'	339'	92'	249'	128'	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms									Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single				3	8	2	6	3	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets 3	Privy	Urinals	Lav. or Washbasins	Showerheads 3							
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits	Fire Extinguishers (No. & type) 2abc							
8. COMMENTS  2 means of regress to outside from upper floor  1 bunk and 10 single beds---Bedding for 12  Total capacity 22											
<i>ladder for 2nd floor</i>											
<i>Bathroom upstairs shower knob / cleaning</i>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Caroli Ryals</i>				Typed Name and Title Al Cordle, Station Manager					Date 12/22/17		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Anita Dixson</i>				Typed Name and Title Anita Dixson, MSFW Program Coordinator					Date 12/22/17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Anita Dixson</i>				Typed Name and Title Anita Dixson, MSFW Program Coordinator					Date 12/22/17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plants 38009 State Highway AA Anabel, MO 63431							
<b>2. HOUSING LOCATION</b> Same as Employer Address					<b>3. HOUSING DESCRIPTION</b> Large 2 story older farm house.							
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length				10' 4"	22' 4"	10'3"	11'7"			10'5"
		Width				12'3"	15'2"	9'	21'6"			12'4"
		Ceiling Height				8	8	8	8			
		Square Feet				127'	339'	92'	249'			128'
		No. of Rooms										
		No. of Beds, Single				3	8	2	6			3
No. of Beds or Bunks, Double												
<b>7. FACILITIES</b> <i>(Number of each)</i>												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
3					3							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	1			2abc							
<b>8. COMMENTS</b> 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Al Cordle, Station Manager				Date 				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 				
<b>'1. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plants 38009 State Highway AA Anabel, MO 63431																																												
<b>2. HOUSING LOCATION</b> Same as Employer Address					<b>3. HOUSING DESCRIPTION</b> Large 2 story older farm house.																																												
<b>4. SLEEP ROOMS</b> (No. & Measure)		<b>a. Dormitory Type</b> <table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td></td> <td></td> <td>10' 4"</td> <td>22' 4"</td> </tr> <tr> <td></td> <td></td> <td></td> <td>10'3"</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11'7"</td> </tr> <tr> <td></td> <td></td> <td></td> <td>10'5"</td> </tr> </table>			1	2	3	4			10' 4"	22' 4"				10'3"				11'7"				10'5"	<b>b. Family Type</b> <table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>12'3"</td> <td>15'2"</td> <td>9'</td> <td>21'6"</td> </tr> <tr> <td>8</td> <td>8</td> <td>8</td> <td>12'4"</td> </tr> <tr> <td>127'</td> <td>339'</td> <td>92'</td> <td>249'</td> </tr> <tr> <td></td> <td></td> <td></td> <td>128'</td> </tr> </table>			1	2	3	4	12'3"	15'2"	9'	21'6"	8	8	8	12'4"	127'	339'	92'	249'				128'	<b>ES USE ONLY</b>	
1	2	3	4																																														
		10' 4"	22' 4"																																														
			10'3"																																														
			11'7"																																														
			10'5"																																														
1	2	3	4																																														
12'3"	15'2"	9'	21'6"																																														
8	8	8	12'4"																																														
127'	339'	92'	249'																																														
			128'																																														
Length								<b>5. CAPACITY</b> (Adults) 22																																									
Width								<b>6. REGULATIONS COMPLIANCE</b> ('x' proper box)																																									
Ceiling Height								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Water																																									
Square Feet								<input checked="" type="checkbox"/> Electricity																																									
No. of Rooms								<input checked="" type="checkbox"/> Site																																									
No. of Beds, Single								<input checked="" type="checkbox"/> Screening																																									
No. of Beds or Bunks, Double								<input checked="" type="checkbox"/> Heating																																									
<b>7. FACILITIES</b> (Number of each)																																																	
Flush Toilets	Privy	Urinals	Lav. or Washbasins			Showerheads																																											
3						3																																											
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs			Movable laundry tubs																																											
1		1																																															
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits			Fire Extinguishers (No. & type)																																											
1	1	1				2abc																																											
<b>8. COMMENTS</b> 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22																																																	
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																	
Employer's Signature		Typed Name and Title						Date																																									
		Al Cordle, Station Manager						1-5-16																																									
<b>10. HOUSING INSPECTED BY:</b>																																																	
Signature of Authorized Official		Typed Name and Title						Date																																									
		Joyce Hahn, Workforce Specialist IV						1-5-16																																									
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.																																																	
Signature of Authorized Official		Typed Name and Title						Date																																									
		Joyce Hahn, Workforce Specialist IV						1-5-16																																									

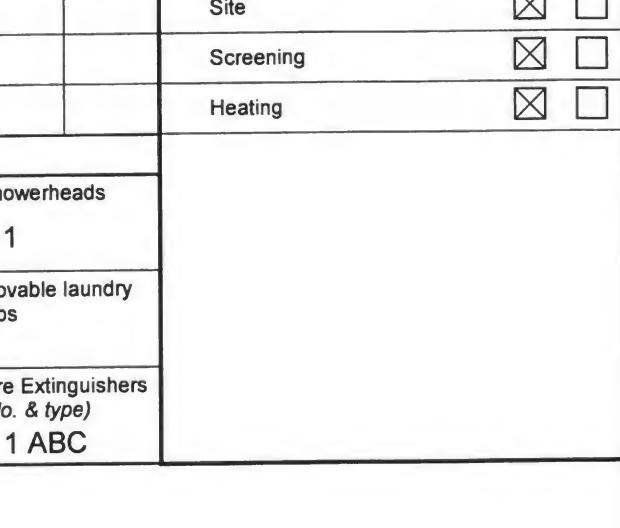
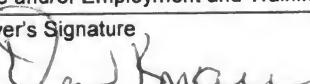
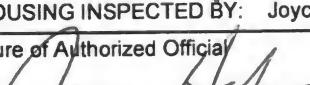
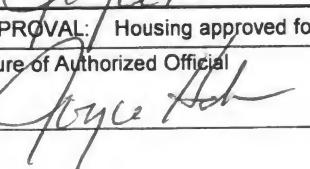
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plants 38009 State Highway AA Anabel, MO 63431									
<b>2. HOUSING LOCATION</b> Same as Employer Address					<b>3. HOUSING DESCRIPTION</b> Large 2 story older farm house.									
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>				<b>b. Family Type</b>		<b>ES USE ONLY</b>						
		1	2	3	4	1	2	3	4	5 CAPACITY <i>(Adults)</i>	22			
Length					10' 4"	22' 4"	10'3"	11'7"	10'5"	6 REGULATIONS COMPLIANCE <i>("X" proper box)</i>				
Width					12'3"	15'2"	9'	21'6"	12'4"	Yes	No			
Ceiling Height					8	8	8	8		Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Square Feet					127'	339'	92'	249'	128'	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No. of Rooms										Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No. of Beds, Single					3	8	2	6	3	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>7. FACILITIES</b> <i>(Number of each)</i>														
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads									
3					3									
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>									
1	1	1			2abc									
<b>8. COMMENTS</b> 2 means of regress to outside from upper floor 1 bunk and 10 single beds.---Bedding for 12 Total capacity 22														
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.														
Employer's Signature 					Typed Name and Title Al Cordle, Station Manager				Date 					
<b>10. HOUSING INSPECTED BY:</b>														
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 					
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.														
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 					

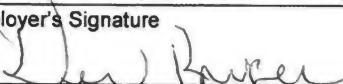
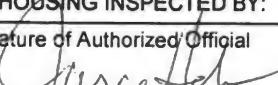
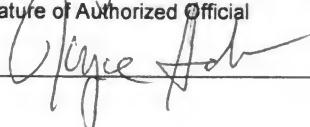
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plants #61 67465 Lookout Trail California, MO 65018						
<b>2. HOUSING LOCATION</b> 57333 Lookout Trail California, MO 65018					<b>3. HOUSING DESCRIPTION</b> House 3						
<b>4. SLEEP ROOMS</b> (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		9'8	13'3	11'9						5. CAPACITY (Adults) 7	
Width		10	9'8	9'9						6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Yes	No
Square Feet		100	130	118						<input checked="" type="checkbox"/> Water	<input type="checkbox"/>
No. of Rooms										<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>
No. of Beds, Single			1	1						<input checked="" type="checkbox"/> Site	<input type="checkbox"/>
No. of Beds or Bunks, Double		1	1	1						<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>
										<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 ABC							
1	1	1	1								
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Benjamin Kruger				Date 11-29-17		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-29-17		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-29-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail California, MO 65018						
2. HOUSING LOCATION 57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Duplex 1-B						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	12'9	9'10	11'7						
		Width	10'5	12'4	9						
		Ceiling Height									
		Square Feet	126	113	106						
		No. of Rooms									
		No. of Beds, Single	1		2						
No. of Beds or Bunks, Double	1	2									
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	1 ABC							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title <i>BS Kriger Hahn</i>				Date <i>11-29-17</i>			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>11-29-17</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>11-29-17</i>			

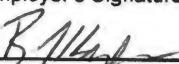
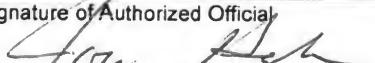
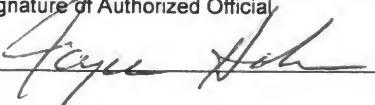
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plants #61 67465 Lookout Trail California, MO 65018					
<b>2. HOUSING LOCATION</b> 57333 Lookout Trail California, MO 65018					<b>3. HOUSING DESCRIPTION</b> Duplex 1-A					
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	11	12'4							
	Width	10	23'6							
	Ceiling Height									
	Square Feet	110	266.91							
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double	1	4								
<b>7. FACILITIES (Number of each)</b>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
0		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	1	1	1 ABC						
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature				Typed Name and Title				Date		
<i>BJ Krueger</i>				<i>BJ Krueger Manager</i>				<i>11-29-17</i>		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official				Typed Name and Title				Date		
<i>Joyce Hahn</i>				<i>Joyce Hahn, Program Coordinator</i>				<i>11-29-17</i>		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official				Typed Name and Title				Date		
<i>Joyce Hahn</i>				<i>Joyce Hahn, Program Coordinator</i>				<i>11-29-17</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plants #61 67465 Lookout Trail California, MO 65018					
<b>2. HOUSING LOCATION</b> 57333 Lookout Trail California, MO 65018					<b>3. HOUSING DESCRIPTION</b> Duplex 1-A					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4	
Length		11	12'4							5. CAPACITY <i>(Adults)</i> 10
Width		10	23'6							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height										Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		110	266.91							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1	4							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads					
1			1		1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs					
0		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>					
1	1	1	1		1 ABC					
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Benjamin Kruger</i>			Typed Name and Title Benjamin Kruger				Date 12-2-16			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Bonnie Plants #61 67465 Lookout Trail California, MO 65018</b>							
2. HOUSING LOCATION <b>57333 Lookout Trail California, MO 65018</b>					3. HOUSING DESCRIPTION <b>Duplex 1-B</b>							
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
Length		12'9	9'10	11'7						5. CAPACITY <i>(Adults)</i> <b>9</b>		
Width		10'5	12'4	9						6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height										<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Square Feet		126	113	106						<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms										<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single		1		2						<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double		1	2							<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>	
										<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES <i>(Number of each)</i>												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
1			1		1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	1	1		1 ABC							
8. COMMENTS												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 					Typed Name and Title <b>Benjamin Kruger</b>					Date <b>12-2-16</b>		
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 					Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>					Date <b>12-2-16</b>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 					Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>					Date <b>12-2-16</b>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Bonnie Plants #61 67465 Lookout Trail California, MO 65018						
2. HOUSING LOCATION  57333 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION  House 3						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		9'8	13'3	11'9					5. CAPACITY (Adults) 7		
Width		10	9'8	9'9					6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height									Yes	No	
Square Feet		100	130	118					<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms									<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single			1	1					<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double		1	1	1					<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>	
									<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1			1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type) 1 ABC						
1	1	1	1								
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Benjamin Kruger				Date 12-2-16			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-2-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plant #61 57465 Lookout Trail California, MO 65018			
<b>2. HOUSING LOCATION</b> 57465 Lookout Trail California, MO 65018					<b>3. HOUSING DESCRIPTION</b> Single Family House 1A			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length		11	12'4					<b>5. CAPACITY</b> <i>(Adults)</i> 10
Width		10	23'6					<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>
Ceiling Height								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet		110	266.91					Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double		1	4					
<b>7. FACILITIES</b> <i>(Number of each)</i>								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
1		-	1	1				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>				
1	1	1	1	1 abc				
<b>8. COMMENTS</b> Laundry machine is located downstairs.								
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature				Typed Name and Title				Date
<i>Joyce Hahn</i>								12-7-15
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn								
Signature of Authorized Official				Typed Name and Title				Date
<i>Joyce Hahn</i>				Joyce Hahn, Program Coordinator				12-7-15
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official				Typed Name and Title				Date
<i>Joyce Hahn</i>				Joyce Hahn, Program Coordinator				12-7-15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Bonnie Plant #61 57465 Lookout Trail California, MO 65018				
2. HOUSING LOCATION  57465 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION  Single Family House 1B				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		ES USE ONLY	
		1	2	3	4	1	2		3
Length		12'9	9'10	11'7					5. CAPACITY (Adults) 9
Width		10'5	12'4	9					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes      No
Square Feet		126	113	106					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		1		2					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1	2						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1 abc					
8.									
Comments Laundry machine is located downstairs.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title				Date 12-7-15
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-15
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-15

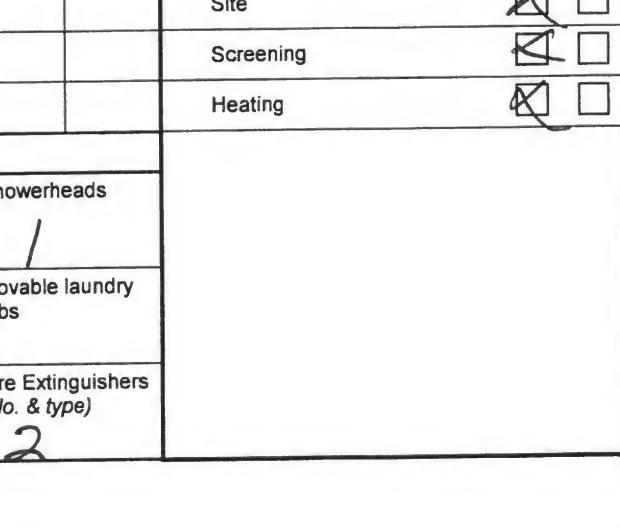
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Bonnie Plant #61 57465 Lookout Trail California, MO 65018						
2. HOUSING LOCATION 57465 Lookout Trail California, MO 65018					3. HOUSING DESCRIPTION Single Family House 3						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	9'8	13'3	11'9						
		Width	10	9'8	9'9						
		Ceiling Height									
		Square Feet	100	130	118						
		No. of Rooms									
		No. of Beds, Single		1	1						
No. of Beds or Bunks, Double	1	1	1								
7. FACILITIES (Number of each)											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1							
Bathtubs	Movable Bathtubs 1	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
8. COMMENTS Laundry machine is located downstairs.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Joyce Hahn				Date 12-7-15		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-15		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-7-15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plant #61 57465 Lookout Trail California, MO 65018			
<b>2. HOUSING LOCATION</b> 57465 Lookout Trail California, MO 65018					<b>3. HOUSING DESCRIPTION</b> Single Family House 1A			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length	11	12'4						<b>5. CAPACITY</b> <i>(Adults)</i> <b>10</b>
Width	10	23'6						<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>
Ceiling Height								<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	110	266.91						Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double	1	4						
<b>7. FACILITIES</b> (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
1			1	1				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>				
1	1	1	1	1 abc				
<b>8. COMMENTS</b> Laundry machine is located downstairs.								
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature			Typed Name and Title				Date	
<i>Benjamin Kruger</i>			<i>Benjamin Kruger</i>				<i>1-13-15</i>	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn								
Signature of Authorized Official			Typed Name and Title				Date	
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>				<i>1-13-15</i>	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official			Typed Name and Title				Date	
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>				<i>1-13-15</i>	

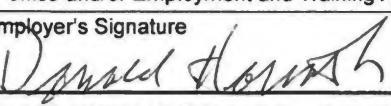
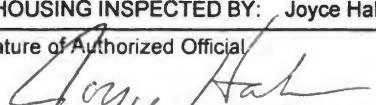
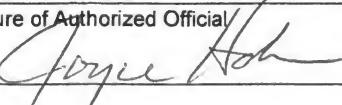
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bonnie Plant #61 57465 Lookout Trail California, MO 65018						
<b>2. HOUSING LOCATION</b> 57465 Lookout Trail California, MO 65018				<b>3. HOUSING DESCRIPTION</b> Single Family House 1B						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	12'9	9'10	11'7						
	Width	10'5	12'4	9						
	Ceiling Height									
	Square Feet	126	113	106						
	No. of Rooms									
No. of Beds, Single	1		2							
No. of Beds or Bunks, Double	1	2								
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads	8					
1			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	1	1	1 abc						
<b>8. COMMENTS</b> Laundry machine is located downstairs.										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature			Typed Name and Title				Date			
<i>Benjamin Krueger</i>			<i>Benjamin Krueger</i>				1-13-15			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official			Typed Name and Title				Date			
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				1-13-15			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official			Typed Name and Title				Date			
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				1-13-15			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				1. EMPLOYER'S NAME AND ADDRESS Bonnie Plant #61 57465 Lookout Trail California, MO 65018					
2. HOUSING LOCATION 57465 Lookout Trail California, MO 65018				3. HOUSING DESCRIPTION Single Family House 3					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length	9'8	13'3	11'9					5. CAPACITY (Adults) 7	
Width	10	9'8	9'9					6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet	100	130	118					<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single	0	1	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double	1	1	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
8. COMMENTS Laundry machine is located downstairs.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Benjamin Kryer				Date 1-13-15	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-13-15	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-13-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. [REDACTED] NAME AND ADDRESS <b>BIBBS TRUCKING</b> 14974 STATE HWY 164 HORNERSVILLE, MO 62855				
2. HOUSING LOCATION <i>515 Main Street Hornersville, MO 62855</i>					3. HOUSING DESCRIPTION <i>Bunk House</i>				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		47							
Width		226							
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		10							
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2			3	3					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
2	2	4	2	2					
8. COMMENTS <i>3 smoke alarms 3 A/C units Rec Area</i>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Joyce Hahn</i>			Typed Name and Title <i>Denice Horwalt</i>				Date <i>3/2/16</i>		
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-2-16</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-2-16</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. NAME AND ADDRESS <b>BIBBS TRUCKING</b> 14974 STATE HWY 164 HORNERSVILLE, MO 62855							
2. HOUSING LOCATION <i>303 Mulberry St. Hornersville, MO 63855</i>					3. HOUSING DESCRIPTION <i>Single home</i>							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
Length		<i>11'3</i>								5. CAPACITY (Adults)		
Width		<i>11'4</i>								6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Feet										Water		
No. of Rooms										Electricity		
No. of Beds, Single										Site		
No. of Beds or Bunks, Double		<i>2</i>								Screening		
										Heating		
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
<i>1</i>			<i>1</i>		<i>1</i>							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
<i>1</i>												
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)							
<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>		<i>2</i>							
8. COMMENTS <i>2 smoke alarms</i>												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature <i>Donald Horrocks</i>				Typed Name and Title <i>Donald Horrocks</i>				Date <i>3/2/14</i>				
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>3/2/16</i>				
11. APPROVAL Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>3/2/16</i>				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bibbs Trucking 14974 State Hwy 164 Hornersville, MO 62855						
<b>2. HOUSING LOCATION</b> 303 Mulberry Street Hornersville, MO 63855					<b>3. HOUSING DESCRIPTION</b> Single Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	11'3								
		Width	11'4								
		Ceiling Height	8								
		Square Feet	128.82								
		No. of Rooms	1								
		No. of Beds, Single									
No. of Beds or Bunks, Double	2 bunk										
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1			1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers						
1	1	1	1		2						
<b>8. COMMENTS</b> 2 smoke alarms											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Donald Henneth				Date 1-24-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Bibbs Trucking 14974 State Hwy 164 Hornersville, MO 62855			
<b>2. HOUSING LOCATION</b> 515 Main Street Hornersville, MO 63855					<b>3. HOUSING DESCRIPTION</b> Bunk House			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length		47	227					5. CAPACITY <i>(Adults)</i> <b>20 26</b>
Width		226	19'9					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height		10	10					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		26555						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms								Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		10 Bunk	3 bunk					Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
2			3	3				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>				
2	2	4	2	2				
<b>8. COMMENTS</b> 3 smoke alarms 3 A/C Units Recreation Area								
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature 				Typed Name and Title				Date 1-24-17
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn								
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-17
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Brown Brothers Farms 985 State Highway VV Gideon, MO 63857								
2. HOUSING LOCATION  303 307 Wiggs Street Kennett, MO 63857					3. HOUSING DESCRIPTION  5 bedroom house								
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY			
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) <b>6</b>			
		Length	14'4	9'11	13'5	18'7	7'2				6. REGULATIONS COMPLIANCE ("x" proper box)		
		Width	13'5	11'1	11'1	9'10	11'11				Yes	No	
		Ceiling Height	8	8	8	8	8				Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Square Feet									Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		No. of Rooms									Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single									Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
No. of Beds or Bunks, Double	1 dbl	1 dbl	1 dbl	2 dbl	1 queen				Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. FACILITIES (Number of each)													
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads								
2					2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs								
2		1											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)								
1	1	1	1										
8. COMMENTS  <i>Dryer</i>													
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature <i>Tina Brown</i>			Typed Name and Title <i>Tina Brown</i>				Date <i>12-12-18</i>						
10. HOUSING INSPECTED BY:													
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>12-12-18</i>						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>12-12-18</i>						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Crystal Lake Fisheries, Inc. Route 2, Box 528 Ava, MO 65608						
2. HOUSING LOCATION Route 2, Box 536 Ava, MO 65608					3. HOUSING DESCRIPTION Basement Studio Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>					
		1	2	3	4			1	2	3	4
		Length						12'1			
		Width						8'3			
		Ceiling Height									
		Square Feet						294.03			
		No. of Rooms									
No. of Beds, Single											
No. of Beds or Bunks, Double				1 King							
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1				1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1		1	1							
8. COMMENTS <i>Kitchen &amp; Sleeping area together.</i>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title <i>Johnathan Blakey</i>			Date <i>9-22-16</i>					
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>			Date <i>9-22-16</i>					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>			Date <i>9-22-16</i>					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Davault LLC 6288 Hwy 139 Paragould, AR 72450					
<b>2. HOUSING LOCATION</b> 4500 Hollywood St. Arbyrd, MO 63821					<b>3. HOUSING DESCRIPTION</b> Mobile Home					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				7'8	8'1	11'6			
	Width				9'6	9'11	13			
	Ceiling Height				7	7	7			
	Square Feet				74.8	73.79	150.8			
	No. of Rooms				1	1	1			
No. of Beds, Single				1 Queen (full) 1 King						
No. of Beds or Bunks, Double										
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
2				2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
1	1	1	1	1 ABC						
<b>8. COMMENTS</b> 1 Dryer										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature				Typed Name and Title				Date		
<i>Mir Daval</i>				<i>Owner</i>				8-29-18		
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official				Typed Name and Title				Date		
<i>Joyce Hahn</i>				Joyce Hahn, Program Coordinator				8-29-18		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official				Typed Name and Title				Date		
<i>Joyce Hahn</i>				Joyce Hahn, Program Coordinator				8-29-18		

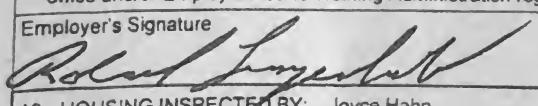
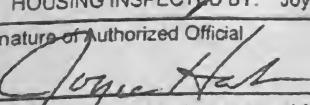
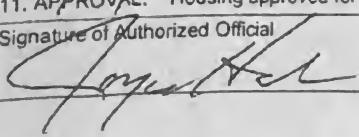
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Don Bok Farm 2290 Young Road Pacific, MO 63069					
<b>2. HOUSING LOCATION</b> Hunters Run Pacific, MO 63069					<b>3. HOUSING DESCRIPTION</b> Frame Home					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				11' 8"	12'				
	Width				9' 10"	10' 7"				
	Ceiling Height				8'	8				
	Square Feet				114.61	126.96				
	No. of Rooms									
	No. of Beds, Single				2	1				
No. of Beds or Bunks, Double					1					
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2						
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) kiddie						
<b>8. COMMENTS</b> Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Don Bok, Owner				Date 1-9-15		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist				Date 1-9-15		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist				Date 1-9-15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Don Bok Farm 2290 Young Road Pacific, MO 63069				
<b>2. HOUSING LOCATION</b> Hunters Run Pacific, MO 63069					<b>3. HOUSING DESCRIPTION</b> Frame Home				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2	3	4
Length						11' 8"	12'		
Width						9' 10"	10' 7"		
Ceiling Height						8'	8		
Square Feet						114.61	126.96		
No. of Rooms									
No. of Beds, Single						2	1		
No. of Beds or Bunks, Double							1		
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>					
1	1		1	kiddie					
<b>8. COMMENTS</b> Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Don Bok, Owner				Date	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official				Typed Name and Title Joyce Hahn, Workforce Specialist				Date	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official				Typed Name and Title Joyce Hahn, Workforce Specialist				Date	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Don Bok Farm 2290 Young Road Pacific, MO 63069						
<b>2. HOUSING LOCATION</b> Hunters Run Pacific, MO 63069					<b>3. HOUSING DESCRIPTION</b> Frame Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length						11' 8"	12'			<b>5. CAPACITY</b> <i>(Adults)</i> <b>6</b>	
Width						9' 10"	10' 7"			<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>	
Ceiling Height						8'	8			Yes	No
Square Feet						114.61	126.96			Water	<input checked="" type="checkbox"/>
No. of Rooms										Electricity	<input checked="" type="checkbox"/>
No. of Beds, Single						2	1			Site	<input checked="" type="checkbox"/>
No. of Beds or Bunks, Double							1			Screening	<input checked="" type="checkbox"/>
										Heating	<input checked="" type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
1	1		1	kiddie							
<b>8. COMMENTS</b> Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Don Bok, Owner				Date 1-16-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist				Date 1-16-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist				Date 1-16-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Don Bok Farm 2290 Young Road Pacific, MO 63069					
2. HOUSING LOCATION Hunters Run Pacific, MO 63069					3. HOUSING DESCRIPTION Frame Home					
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>		
		1	2	3	4	1	2		3	4
Length						11' 8"	12'		5. CAPACITY <i>(Adults)</i>	6
Width						9' 10"	10' 7"		6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	Yes      No
Ceiling Height						8'	8		Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet						114.61	126.96		Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single						2	1		Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double							1		Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2						
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> kiddie						
8. COMMENTS Washer and Dryer located in basement area. Trash is taking daily to farm for disposal.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Don Bok, Owner					Date	1-11-16
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist					Date	1-11-16
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist					Date	1-11-16

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

2. HOUSING LOCATION Same as Worksite								3. HOUSING DESCRIPTION Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY		
		1	2	3	4	1	2	3	4			
Length		8'5"	8'5"	7'5"	9'5"	7'5"	8'			5. CAPACITY (Adults) 6		
Width		8'5"	8'5"	12'	8'5"	11'	12'			6. REGULATIONS COMPLIANCE (x proper box)		
Ceiling Height		8'	8'	8'	8'	8'	8'			Yes	No	
Square Feet		71'	71'	89'	80'	83'	96'			Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms										Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single		1	1	1	1	1	1			Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double										Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)										23'X19' Kitchen and Rec area. Clothesline out side for drying clothes.		
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
1			1		1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)							
1	2	1	1		1 abc							
8. COMMENTS												
Beds are 12 inches above floor												
Personal storage in all occupied bedrooms												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Roland Lenzenhuber, Owner				Date 1-16-19				
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-16-19				
11. APPROVAL: Housing approved for occupancy by workers recruited Interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-16-19				

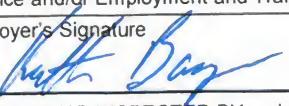
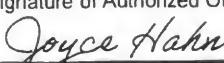
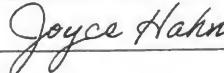
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Forest Lawn Nursery 11 Old Bishop Rd Jonesburg						
<b>2. HOUSING LOCATION</b> Same as Worksite					<b>3. HOUSING DESCRIPTION</b> Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>		
	1	2	3	4	1	2	3	4			
	Length	8'5"	8'5"	7'5"	9'5"	7'5"	8'			5. CAPACITY <i>(Adults)</i>	6
	Width	8'5"	8'5"	12'	8'5"	11'	12'			6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	Yes      No
	Ceiling Height	8'	8'	8'	8'	8'	8'			Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Square Feet	71'	71'	89'	80'	83'	96'			Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Rooms									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Beds, Single	1	1	1	1	1	1			Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES</b> <i>(Number of each)</i>									23'X19' Kitchen and Rec area. Clothesline out side for drying clothes.		
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1			1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
1	2	1	1		1 abc						
<b>8. COMMENTS</b> Beds are 12 inches above floor Personal storage in all occupied bedrooms											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Roland Lenzenhuber, Owner				Date 1-27-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-27-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-27-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Forest Lawn Nursery 11 Old Bishop Rd Jonesburg																		
<b>2. HOUSING LOCATION</b> Same as Worksite					<b>3. HOUSING DESCRIPTION</b> Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.																		
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>															
		1	2	3	4	1	2		3	4													
Length	8'5"	8'5"	7'5"	9'5"	7'5"	8'																	
Width	8'5"	8'5"	12'	8'5"	11'	12'																	
Ceiling Height	8'	8'	8'	8'	8'	8'																	
Square Feet	71'	71'	89'	80'	83'	96'																	
No. of Rooms																							
No. of Beds, Single	1	1	1	1	1	1																	
No. of Beds or Bunks, Double																							
<b>7. FACILITIES (Number of each)</b> <table border="1"> <tr> <td>Flush Toilets 1</td> <td>Privy</td> <td>Urinals</td> <td>Lav. or Washbasins 1</td> <td>Showerheads 1</td> </tr> <tr> <td>Bathtubs 1</td> <td>Movable Bathtubs</td> <td>Laundry machines 1</td> <td>Fixed laundry tubs</td> <td>Movable laundry tubs</td> </tr> <tr> <td>Cook Stoves 1</td> <td>Refrigerators 2</td> <td>Garbage containers 1</td> <td>First-aid Kits 1</td> <td>Fire Extinguishers (No. &amp; type) 1 abc</td> </tr> </table>									Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1	Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs	Cook Stoves 1	Refrigerators 2	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1																			
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs																			
Cook Stoves 1	Refrigerators 2	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc																			
<b>8. COMMENTS</b> Beds are 12 inches above floor Personal storage in all occupied bedrooms																							
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																							
Employer's Signature 				Typed Name and Title Roland Lenzenhuber, Owner			Date 1-14-16																
<b>10. HOUSING INSPECTED BY</b> Joyce Hahn				Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-14-16																
Signature of Authorized Official 																							
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.																							
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-14-16																

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Forest Lawn Nursery 11 Old Bishop Rd Jonesburg				
<b>2. HOUSING LOCATION</b> Same as Worksite					<b>3. HOUSING DESCRIPTION</b> Bunkhouse (Morton Building type) with set up of Kitchen, rec area and restroom with bedrooms on both sides.				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length		8'5"	8'5"	7'5"	9'5"	7'5"	8'		
Width		8'5"	8'5"	12'	8'5"	11'	12'		
Ceiling Height		8'	8'	8'	8'	8'	8'		
Square Feet		71'	71'	89'	80'	83'	96'		
No. of Rooms									
No. of Beds, Single		1	1	1	1	1	1		
No. of Beds or Bunks, Double									
<b>7. FACILITIES</b> (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads	23'X19' Kitchen and Rec area.  Clothesline out side for drying clothes.				
1			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 abc					
<b>8. COMMENTS</b>									
Beds are 12 inches above floor  Personal storage in all occupied bedrooms									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time:									
Employer's Signature			Typed Name and Title				Date		
<i>Roland Lenzenhuber</i>			Roland Lenzenhuber, Owner				1-15-15		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				1-15-15		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				1-15-15		

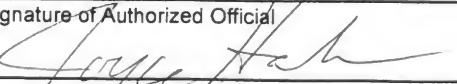
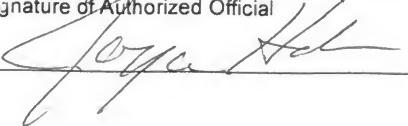
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Frey Brothers 1711 Progress Dr. Kennett, MO 638557				
2. HOUSING LOCATION 1711 Progress Dr. Kennett, MO 638557					3. HOUSING DESCRIPTION Housing is upstairs at business location.				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length	38'5							5. CAPACITY (Adults) 10	
Width	23'6							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height	8							<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet	908.6							<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms	1							<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single	6							<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double	2 bunks							<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	2	1	1	1 abc					
8. COMMENTS 2 regress ladders 1 dryer smoke detectors									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Tony Phillips, Chief Operations Officer				Date 1/25/18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1/25/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1/25/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Frey Brothers 1711 Progress Dr. Kennett, MO 638557						
<b>2. HOUSING LOCATION</b> 1711 Progress Dr. Kennett, MO 638557					<b>3. HOUSING DESCRIPTION</b>						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	58'5								
		Width	23'6								
		Ceiling Height	8								
		Square Feet	908.6								
		No. of Rooms	1								
		No. of Beds, Single	6								
No. of Beds or Bunks, Double	2										
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	2	1	1	1 ABC							
<b>8. COMMENTS</b> 2 regess ladders 1 Dryer Smoke Detectors											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Joyce Hahn, Chief Operations Officer				Date 1-24-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-24-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Flick Seed Company 1764 NW 50 Road Kingsville, MO 64061						
<b>2. HOUSING LOCATION</b> 1781 NW Road 50 Kingsville, MO 64061					<b>3. HOUSING DESCRIPTION</b> 5 room home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	10'2	11'1							
		Width	13'1	11'1							
		Ceiling Height	8	8							
		Square Feet	133.62	123.21							
		No. of Rooms	1	1							
		No. of Beds, Single	1	1							
No. of Beds or Bunks, Double	1 bk	1 bk									
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1							
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title <i>Keith Barger</i>			Date <i>2/28/18</i>					
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>2/28/18</i>			
<b>11 APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>2/28/18</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Flick Seed Company 1764 NW 50 Road Kingsville, MO 64061						
<b>2. HOUSING LOCATION</b> 1781 NW Road 50 Kingsville, MO 64061					<b>3. HOUSING DESCRIPTION</b> 5 room home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		10'2	11'1							5. CAPACITY <i>(Adults)</i> <b>6</b>	
Width		13'1	11'1							6. REGULATIONS COMPLIANCE <i>("X" proper box)</i>	
Ceiling Height		8	8							Yes	No
Square Feet		135.62	128.21							<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms		1	1							<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single		1	1							<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double		1 BK	1 HK							<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
/				/							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
/		/									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
/	/	/	/	/							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Bobbi Wilson Office Admin				Date 5/16/17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 5-16-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 5-16-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE				1. EMPLOYER'S NAME AND ADDRESS <i>S.A. Flick Seed Co. P.O. Box 128 Kingsville Mo 64061</i>					
EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>									
2. HOUSING LOCATION <i>1781 NW Rd. Kingsville, Mo 64061</i>				3. HOUSING DESCRIPTION <i>Single family frame dwelling</i>					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		ES USE ONLY	
		1	2	3	4	1	2		3
Length		<i>15'</i>	<i>15'</i>	<i>15'1"</i>					5. CAPACITY (Adults) <i>7</i>
Width		<i>12'</i>	<i>16'</i>	<i>15'1"</i>					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height		<i>8</i>	<i>8</i>	<i>8</i>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		<i>180'</i>	<i>240'</i>	<i>228</i>					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		<i>2</i>	<i>3</i>	<i>2</i>					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
<i>1</i>			<i>1</i>		<i>1</i>				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
<i>1</i>		<i>2</i>							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)				
<i>1</i>	<i>2</i>	<i>1</i>	<i>1</i>		<i>1</i>				
8. COMMENTS <i>Housing build before 1980.</i>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input type="checkbox"/> meets <input checked="" type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Kathy Ryan</i>			Typed Name and Title <i>Kathy Ryan Secretary</i>				Date <i>4-2-15</i>		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Menish</i>			Typed Name and Title <i>State Monitor Advocate</i>				Date <i>4-2-15</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Menish</i>			Typed Name and Title <i>State Monitor Advocate</i>				Date <i>4-2-15</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Grasslands Consultants, LLC</b> <b>218E Broadway</b> <b>Monett, MO 65708</b>					
2. HOUSING LOCATION <b>10905 County Road 10</b> <b>Sarcoxie, MO 64862</b>					3. HOUSING DESCRIPTION <b>3 bedroom house</b>					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>		
		1	2	3	4	1	2		3	4
		Length				11	11		12'8	
		Width				11	11		12	
		Ceiling Height								
		Square Feet				121	121		153.60	
		No. of Rooms								
		No. of Beds, Single				/	/		/	
No. of Beds or Bunks, Double						/				
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 1 abc						
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 		Typed Name and Title <b>KYLE B. BOUNOUS</b>			Date					
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 		Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>			Date <b>12-30-14</b>					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 		Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>			Date <b>12-30-14</b>					

Form Approved  
Budget Bureau No. 44-R135

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
*(See Instructions on Reverse)*

**1. EMPLOYER'S NAME AND ADDRESS**

Grasslands Consultants, LLC  
218E Broadway  
Monett, MO 65708

**2. HOUSING LOCATION**

10905 County Road 10  
Sarcoxie, MO 64862

**3. HOUSING DESCRIPTION**

3 bedroom house

**4. SLEEP ROOMS  
(No. & Measure)**

**a. Dormitory Type**

**b. Family Type**

**ES USE ONLY**

	1	2	3	4	1	2	3	4
Length					11	11	12'8	
Width					11	11	12	
Ceiling Height								
Square Feet					121	121	153.60	
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double								

5. CAPACITY  
(Adults)

5

6. REGULATIONS COMPLIANCE  
(\*proper box)

Yes      No

Water

Electricity

Site

Screening

Heating

**7. FACILITIES (Number of each)**

Flush Toilets 2	Privy	Urinals	Lev. or Washbasins	Showerheads 2
Bathlubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

**8. COMMENTS**

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

12-9-16

**10. HOUSING INSPECTED BY:** Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

12-9-16

**11. APPROVAL:** Housing approved for occupancy by workers recruited interstate.

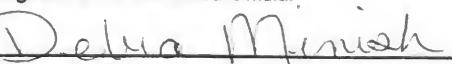
Signature of Authorized Official

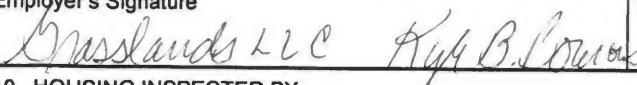
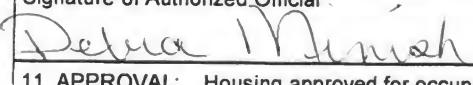
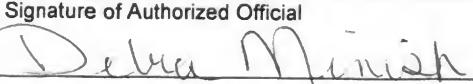
Typed Name and Title

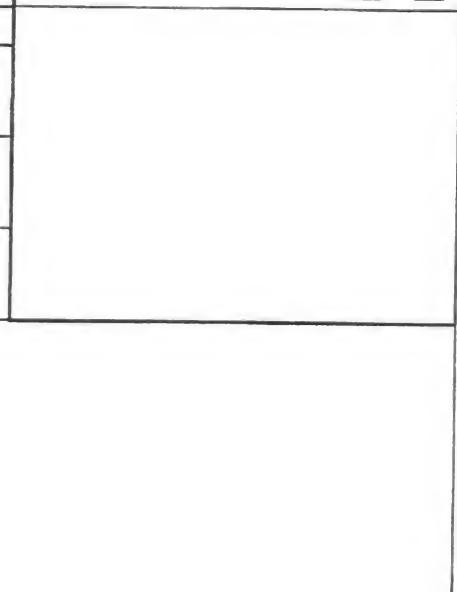
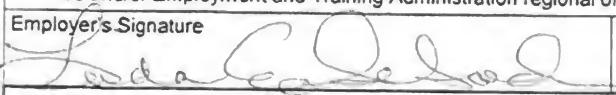
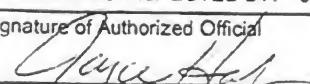
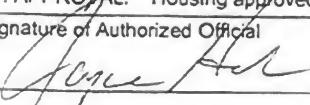
Date

12-9-16

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Grasslands Consultants, LLC 218E Broadway Monett, MO 65708						
2. HOUSING LOCATION Mariposa 2 24248 East Hwy 86 Stark City, MO 64844					3. HOUSING DESCRIPTION Farm House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				11'10	12'6	12'6			
		Width				13'3	10'10	8'9			
		Ceiling Height				8	8	8			
		Square Feet				157	135	122			
		No. of Rooms				1	1	1			
		No. of Beds, Single				1	1	1			
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2							
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc							
8. COMMENTS Total capacity for 11 but only beds setup for 3.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Joyce Hahn				Date 12-9-16				
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-9-16				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-9-16				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Grasslands Consultants, LLC 218E Broadway Monett, MO 65708						
<b>2. HOUSING LOCATION</b> Wentworth Home 6482 Hwy W, Pierce City, MO 64844					<b>3. HOUSING DESCRIPTION</b> Farm House						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		11'0"	12'	12'					5. CAPACITY <i>(Adults)</i>		3
Width		13'3"	10'0"	9'9"					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		Yes      No
Ceiling Height		8	8	8					Water		<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		157	135	122					Electricity		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1					Site		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		1	1	1					Screening		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2	-	-	2	2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
2	-	1	-	-							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature				Typed Name and Title				Date			
				Kyle B. Brown Business Mgr.				12-8-15			
<b>10. HOUSING INSPECTED BY:</b>											
Signature of Authorized Official				Typed Name and Title				Date			
				Debra Minish, State Monitor Advocate				12-8-15			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official				Typed Name and Title				Date			
				Debra Minish, State Monitor Advocate				12-8-15			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Grasslands Consultants, LLC</b> 218E Broadway Monett, MO 65708						
2. HOUSING LOCATION Thomlinsons House 22629 Hwy 86 Granby, MO 64844					3. HOUSING DESCRIPTION Farm House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	13 <sup>2</sup>	13 <sup>2</sup>	12 <sup>2</sup>						
		Width	14 <sup>8</sup>	14 <sup>8</sup>	14 <sup>10</sup>						
		Ceiling Height	8	8							
		Square Feet	195	195	172						
		No. of Rooms	1	1	1						
		No. of Beds, Single	1	1	1						
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2	-	-	2	3							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1	-	1	1	-							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1								
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Kyle B. Powers, Business Development				Date		
									12/8/15		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title Debra Minish, State Monitor Advocate				Date		
									12/8/15		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Debra Minish, State Monitor Advocate				Date		
									12/8/15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								1. EMPLOYER'S NAME AND ADDRESS Gilbert Schroeder Sod Sales 4600 Byrnesville Road House Springs, Mo 63051			
2. HOUSING LOCATION 4600 Byrnesville Road House Springs, MO								3. HOUSING DESCRIPTION 1200 sq ft Home and 594 sq ft Loft in Barn			
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		12	15'6	12	12	12	17'10	14	12'4	5. CAPACITY <i>(Adults)</i> 17	
Width		14	14	14	14	14	10'4	11'2	10'4	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height		8	8	8	8	8	8	8	8	Yes	No
Square Feet		168	217	168	168	120	180	154	120	Water	<input checked="" type="checkbox"/>
No. of Rooms										Electricity	<input checked="" type="checkbox"/>
No. of Beds, Single		2	3	2	2	2	2	2	2	Site	<input type="checkbox"/>
No. of Beds or Bunks, Double										Screening	<input checked="" type="checkbox"/>
										Heating	<input checked="" type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets		Privy	Urinals	Lav. or Washbasins			Showerheads				
3 L & 2 H*			1 L & 1 H				2 L & 2 H				
Bathtubs		Movable Bathtubs	Laundry machines	Fixed laundry tubs			Movable laundry tubs				
1 house			1								
Cook Stoves		Refrigerators	Garbage containers	First-aid Kits			Fire Extinguishers <i>(No. &amp; type)</i>				
1 L & 1 H		1 L & 1 H	3	1 in each			1 abc each				
8. COMMENTS ** L stands for loft and H is for the house											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Linda Schroeder, Secy of Corporation					Date 1/3/19		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Coordinator					Date 1/3/19		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Coordinator					Date 1/3/19		

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES  
(See Instructions on Reverse)

Form ES-338-R2  
Guide Date 01-12-69 R1368

2. HOUSING LOCATION

4600 Bymesville Road  
House Springs, MO

1. EMPLOYER'S NAME AND ADDRESS

Gilbert Schroeder Sod Sales  
4600 Bymesville Road  
House Springs, MO 63051

3. HOUSING DESCRIPTION

1200 sq ft Home and  
594 sq ft Loft in Barn

4. SLEEP ROOMS  
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	12	15'6	12	12	12	17'10	14	12'4
Width	14	14	14	14	14	10'4	11'2	10'4
Ceiling Height	8	8	8	8	8	8	8	8
Square Feet	168	217	168	168	120	180	154	120
No. of Rooms								
No. of Beds, Single	2	3	2	2	2	2	2	2
No. of Beds or Bunks, Double								

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> Gilbert Schroeder Sod Sales 4600 Byrnesville Road House Springs, Mo 63051																																																																						
<b>2. HOUSING LOCATION</b> 4600 Byrnesville Road House Springs, MO								<b>3. HOUSING DESCRIPTION</b> 1200 sq ft Home and 594 sq ft Loft in Barn																																																																						
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		<b>a. Dormitory Type</b> <table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td>12</td> <td>16'8</td> <td>12</td> <td>12</td> <td>12</td> <td>17'10</td> <td>14</td> <td>12'4</td> </tr> <tr> <td>Width</td> <td>14</td> <td>14</td> <td>14</td> <td>14</td> <td>14</td> <td>10'4</td> <td>11'2</td> <td>10'4</td> </tr> <tr> <td>Ceiling Height</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> <tr> <td>Square Feet</td> <td>168</td> <td>217</td> <td>168</td> <td>168</td> <td>120</td> <td>180</td> <td>154</td> <td>120</td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td>2</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	1	2	3	4	Length	12	16'8	12	12	12	17'10	14	12'4	Width	14	14	14	14	14	10'4	11'2	10'4	Ceiling Height	8	8	8	8	8	8	8	8	Square Feet	168	217	168	168	120	180	154	120	No. of Rooms									No. of Beds, Single	2	3	2	2	2	2	2	2	No. of Beds or Bunks, Double									<b>ES USE ONLY</b>	
1	2	3	4	1	2	3	4																																																																							
Length	12	16'8	12	12	12	17'10	14	12'4																																																																						
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No. of Beds, Single	2	3	2	2	2	2	2	2																																																																						
No. of Beds or Bunks, Double																																																																														
						<b>5. CAPACITY (Adults)</b> <b>17</b>																																																																								
						<b>6. REGULATIONS COMPLIANCE (x"proper box")</b>		<b>Yes</b>	<b>No</b>																																																																					
						Water		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																					
						Electricity		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																					
						Site		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																					
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3 L & 2 H*		1 L & 1 H		2 L & 2 H																																																																										
Bathlubs	Movable Bathlubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs																																																																										
1 house		1																																																																												
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)																																																																										
1 L & 1 H	1 L & 1 H	3	1 in each	1 abc each																																																																										
<b>8. COMMENTS</b> ** L stands for loft and H is for the house																																																																														
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																																														
Employer's Signature 				Typed Name and Title Linda Schroeder, Secy of Corporation				Date 12.15.16																																																																						
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn																																																																														
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Coordinator				Date 12/15/16																																																																						
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.																																																																														
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Coordinator				Date 12/15/16																																																																						

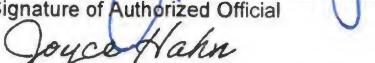
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								1. EMPLOYER'S NAME AND ADDRESS Gilbert Schroeder Sod Sales 4600 Byrnesville Road House Springs, Mo 63051				
2. HOUSING LOCATION 4600 Byrnesville Road House Springs, MO								3. HOUSING DESCRIPTION 1200 sq ft Home and 594 sq ft Loft in Barn				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	12	15'6	12	12	12	17'10	14			12'4
		Width	14	14	14	14	14	10'4	11'2			10'4
		Ceiling Height	8	8	8	8	8	8	8			8
		Square Feet	168	217	168	168	120	180	154			120
		No. of Rooms										
		No. of Beds, Single	3	3	2	2	2	3	2			2
No. of Beds or Bunks, Double												
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals 1 L & 1 H	Lav. or Washbasins		Showerheads 2 L & 2 H							
3 L & 2 H*												
Bathtubs 1 house	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs		Movable laundry tubs							
Cook Stoves 1 L & 1 H	Refrigerators 1 L & 1 H	Garbage containers 3	First-aid Kits 1 in each		Fire Extinguishers (No. & type) ABC each							
8. COMMENTS ** L stands for loft and H is for the house												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Linda Schroeder, Secy of Corporation				Date 12/17/13				
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Coordinator				Date 12/17/13				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. 1-12-16												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn Program Coordinator				Date 12/17/13				

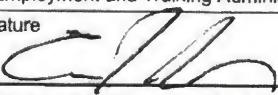
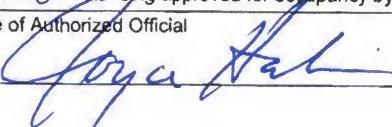
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> GPM, Inc 15045 Priest St West Alton, MO 63386				
<b>2. HOUSING LOCATION</b> 15045 Priest St West Alton, MO					<b>3. HOUSING DESCRIPTION</b> 4 Bdrm 2 Bath Multi Level single family unit				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length					13	17	9	13	<b>5. CAPACITY</b> <i>(Adults)</i> <b>15</b>
Width					17	9	12	13	<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>
Ceiling Height									Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet					221	153	108	169	Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					1			1	Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					2	2	2		Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1 dumpster	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 3 ABC Dry					
<b>8. COMMENTS</b>									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title Randall Fletcher, Owner				Date 1-15-15		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-15-15		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-15-15		

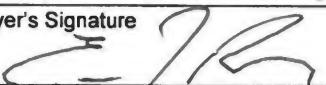
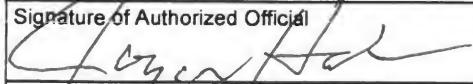
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> GPM, Inc 8393 N. State Route 94 West Alton, MO 63386				
<b>2. HOUSING LOCATION</b> 8393 N. State R+94 West Alton, Mo 63386					<b>3. HOUSING DESCRIPTION</b> House				
<b>4. SLEEP ROOMS</b> (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		12'2	13'	13'6	8'11				5. CAPACITY (Adults) <b>11</b>
Width		12'2	17'	12'6	12'9				6. REGULATIONS COMPLIANCE (x" proper box)
Ceiling Height									Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		48.8	222.3	111.36	104.6				Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1 dbl	1 dbl	1 dbl	1 bunk				Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
3					4				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
1									
Cook Stoves	Refrigerators 1 Full 1 small	Garbage containers 4	First-aid Kits 3		Fire Extinguishers (No. & type) 5				
<b>8. COMMENTS</b> Trash pick up once week.									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title Randall Fletcher, Owner			Date	
10. HOUSING INSPECTED BY: Joyce Hahn					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 10-6-15	
Signature of Authorized Official <i>Joyce Hahn</i>									
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.					Typed Name and Title Joyce Hahn, FLC Coordinator			Date 10-6-15	
Signature of Authorized Official <i>Joyce Hahn</i>									

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Happy Apple 527 Commercial Drive Washington, MO 63090					
<b>2. HOUSING LOCATION</b> 300 North Three St. Marthasville, MO 63357					<b>3. HOUSING DESCRIPTION</b> HOUSE #2 Split Level					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>		
		1	2	3	4	1	2		3	4
Length				14	16	13	13'5	12'5	5. CAPACITY <i>(Adults)</i>	20
Width				10	13'5	12	10	13'5	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	Yes      No
Ceiling Height									Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				140	208'5	156	130'5	156'10	Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				2	2	2	2	2	Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 5	Showerheads 3						
Bathtubs 2	Movable Bathtubs	Laundry machines 2	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 2	Fire Extinguishers <i>(No. &amp; type)</i> 2 ABC Dry						
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Edward Reidy, President				Date 6/7/18		
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/7/18		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/7/18		

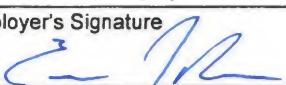
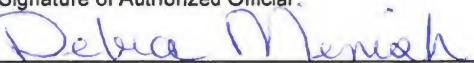
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Happy Apple 527 Commercial Drive Washington, MO 63090						
<b>2. HOUSING LOCATION</b> 305 North Three St. Marthasville, MO 63357					<b>3. HOUSING DESCRIPTION</b> HOUSE #3 Split Level						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length				12'11	10'4			13'6	
		Width				11'11	13'6			11'2	
		Ceiling Height									
		Square Feet				134.43	141.44			152.32	
		No. of Rooms									
		No. of Beds, Single				1	1				
No. of Beds or Bunks, Double				1bk	1bk	2 bks					
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4	Showerheads 2							
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 2	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 1 abc							
<b>8. COMMENTS</b> 1 Driers											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Edward Reidy, President				Date			
								6/7/18			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date			
								6/7/18			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date			
								6/7/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090				
2. HOUSING LOCATION 200 South Three St. Marthasville								3. HOUSING DESCRIPTION House #1 Split Level				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length				10	15	11	13			12
		Width				13	13	11	13			14
		Ceiling Height										
		Square Feet				130	195	121	169			168
		No. of Rooms										
		No. of Beds, Single				1		1				
No. of Beds or Bunks, Double				1	2	1	2	2				
7. FACILITIES (Number of each)								5. CAPACITY 18 (Adults) 6. REGULATIONS COMPLIANCE ("x" proper box) ("x" proper box) Yes No Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>				
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2								
Bathtubs 2	Movable Bathtubs	Laundry machines 1 washer	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves 2	Refrigerators 4	Garbage containers 2	First-aid Kits 3	Fire Extinguishers (No. & type) 3 ABC Dry								
8. COMMENTS 2 Driers												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Edward Reidy				Date 6/7/18				
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/7/18				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6/7/18				

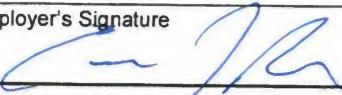
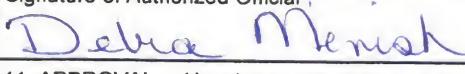
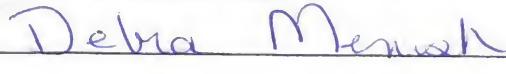
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Happy Apple 527 Commercial Drive Washington, MO 63090				
2. HOUSING LOCATION  305 North Three St. Marthasville, MO 63357					3. HOUSING DESCRIPTION  Split Level				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length						12'11	10'4	13'6	
Width						11'11	13'6	11'2	
Ceiling Height									
Square Feet						134.43	141.44	152.32	
No. of Rooms									
No. of Beds, Single						1	1		
No. of Beds or Bunks, Double						1bk	1bk	2 bks	
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 2	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc					
8. COMMENTS  1 Driers									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title Edward Reidy, President				Date 6-8-17		
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Happy Apple 527 Commercial Drive Washington, MO 63090				
<b>2. HOUSING LOCATION</b> 200 South Three St. Marthasville					<b>3. HOUSING DESCRIPTION</b> House #1 Split Level				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length				10	15	11	13	12	5. CAPACITY <i>(Adults)</i> 18
Width				13	13	11	13	14	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				130	195	121	169	168	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				1		1			Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				1	2	1	2	2	Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines 2 washer	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 2	Refrigerators 4	Garbage containers 2	First-aid Kits 3	Fire Extinguishers <i>(No. &amp; type)</i> 3 ABC Dry					
<b>8. COMMENTS</b> 2 Driers									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Edward Reidy				Date	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17	

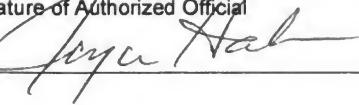
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> Happy Apple 527 Commercial Drive Washington, MO 63090			
<b>2. HOUSING LOCATION</b> 300 North Three St. Marthasville, MO 63357								<b>3. HOUSING DESCRIPTION</b> HOUSE #2 Split Level			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length				14	16	13	13'5	12'5	<b>5. CAPACITY</b> <i>(Adults)</i>		20
Width				10	13'5	12	10	13'5	<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>		Yes      No
Ceiling Height									Water		<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				140	208'5	156	130'5	156'10	Electricity		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				2	2	2	2	2	Heating		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
2			5		3						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
2		2									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers						
2	2	2	2		2 ABC Dry						
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Edward Reidy, President				Date 6-8-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 6-8-17			

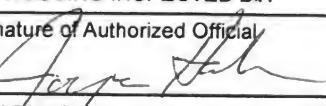
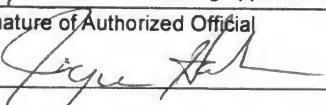
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Happy Apple 527 Commercial Drive Washington, MO 63090			
<b>2. HOUSING LOCATION</b> 305 South Three St. Marthasville, MO 63357					<b>3. HOUSING DESCRIPTION</b> Split Level			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length				14	16	13	13'5	12'5
Width				10	13'5	12	10	13'5
Ceiling Height								
Square Feet				140	208'5	156	130'5	156'10
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double				2	2	2	2	2
<b>7. FACILITIES</b> (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
3			5	3				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
3		2						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)				
3	3	2	2	2ABC Dry				
<b>8. COMMENTS</b>								
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature			Typed Name and Title			Date		
			Edward Riedy, President			6/15/15		
<b>10. HOUSING INSPECTED BY:</b>								
Signature of Authorized Official			Typed Name and Title			Date		
			Debra Minish, State Monitor Advocate			6/15/15		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official			Typed Name and Title			Date		
			Debra Minish, State Monitor Advocate			6/15/15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Happy Apple</b> 527 Commercial Drive Washington, MO 63090			
2. HOUSING LOCATION 300 South Three St. Marthasville, MO 63357					3. HOUSING DESCRIPTION Split Level			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length				14	16	13	13'5	12'5
Width				10	13'5	12	10	13'5
Ceiling Height								
Square Feet				140	208'5	156	130'5	156'10
No. of Rooms								
No. of Beds, Single								
No. of Beds or Bunks, Double				2	2	2	2	2
7. FACILITIES (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
2			5	3				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
2		2						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)				
2	2	2	2	2ABC Dry				
8. COMMENTS								
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature			Typed Name and Title			Date		
						6/15/15		
10. HOUSING INSPECTED BY:								
Signature of Authorized Official:			Typed Name and Title			Date		
			Debra Minish, State Monitor Advocate			6/15/15		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official			Typed Name and Title			Date		
			Debra Minish, State Monitor Advocate			6/15/15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Happy Apple 527 Commercial Drive Washington, MO 63090						
2. HOUSING LOCATION 200 South Three St. Marthasville, MO 63357					3. HOUSING DESCRIPTION Housing # 1 Split Level						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length					10	15	11	13	12	5. CAPACITY (Adults) <b>18</b>	
Width					13	13	11	13	14	6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Square Feet					130	195	121	169	168	Water <input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms										Electricity <input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single					1		1			Site <input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double					1	2	1	2	2	Screening <input checked="" type="checkbox"/>	<input type="checkbox"/>
Heating										Heating <input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins		Showerheads 2						
Bathtubs 2	Movable Bathtubs	Laundry machines 1 washer 2 driers	Fixed laundry tubs		Movable laundry tubs						
Cook Stoves 2	Refrigerators 4	Garbage containers 2	First-aid Kits X 3		Fire Extinguishers (No. & type) 2ABC Dry						
8. COMMENTS										<b>3</b>	
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Edward R. Eddy President				Date <b>6/15/15</b>				
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 			Typed Name and Title Debra Minish, State Monitor Advocate				Date <b>6/15/15</b>				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Debra Minish, State Monitor Advocate				Date <b>6/15/15</b>				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> H2A Complete II, Inc. 1926 First Commercial Drive N. Southaven, MS 38671				
<b>2. HOUSING LOCATION</b> 410 S. East Street Parma, MO 63870					<b>3. HOUSING DESCRIPTION</b> House				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4
Length						11'3	11'3	15'1	
Width						10'3	11'4	11'1	
Ceiling Height						8	8	8	
Square Feet						116.39	128.8	167.61	
No. of Rooms						1	1	1	
No. of Beds, Single							2		
No. of Beds or Bunks, Double						1bk	1bk	2bk	
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs 1	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 2	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 1abc					
<b>8. COMMENTS</b> Trash pickup 1x per week Dryer onsite									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Joyce Hahn					Date 6-9-17
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator					Date 6-9-17
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator					Date 6-9-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS H2A Complete II, Inc. 1926 First Commercial Drive N. Southaven, MS 38671								
2. HOUSING LOCATION 410 Main Street Hornersville, MO 63855					3. HOUSING DESCRIPTION Brick Building								
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY			
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) <i>45</i>			
		Length	23'2	18'9	18'9	<i>40'6</i>					6. REGULATIONS COMPLIANCE ("x" proper box)		
		Width	13'6	12'5	15'8	<i>18'5</i>					Yes	No	
		Ceiling Height	8	8	8	<i>8</i>					Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Square Feet	315.52	236.25	298.62	<i>751.1</i>					Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		No. of Rooms	1	1	1						Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		No. of Beds, Single									Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double	4 bk	3 bk	4 bk	<i>9 bil</i>					Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. FACILITIES (Number of each)													
Flush Toilets	Privy	—	Urinals	—	Lav. or Washbasins	10	Showerheads	7					
10	—	—	—	—	—	—	—	—					
Bathtubs	Movable Bathtubs	—	Laundry machines	—	Fixed laundry tubs	—	Movable laundry tubs	—					
Cook Stoves	Refrigerators	<i>04</i>	Garbage containers	<i>6</i>	First-aid Kits	<i>1</i>	Fire Extinguishers (No. & type)	<i>9 ABC</i>					
8. COMMENTS													
4 bk = 8 3 bk = 6 4 bk = 8 <i>9 bil = 18</i> <b>total = 40</b>										<i>1 Freezer</i> <i>Trash pickup 1x per week</i>			
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein, <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature 					Typed Name and Title <i>Eduardo Vilchis</i>					Date <i>5-31-17</i>			
10. HOUSING INSPECTED BY: Joyce Hahn													
Signature of Authorized Official 					Typed Name and Title <i>Joyce Hahn, FLC Coordinator</i>					Date <i>5-31-17</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official 					Typed Name and Title <i>Joyce Hahn, FLC Coordinator</i>					Date <i>5-31-17</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Jody Jones Trucking LLC</b> 27172 Snapp Road Keytesville, MO 65261						
2. HOUSING LOCATION <b>23189 Bell School Ave.</b> Keytesville, MO 65261					3. HOUSING DESCRIPTION <b>One Story Bedroom House</b>						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length						13'5	10			5. CAPACITY <i>(Adults)</i> <b>5</b>	
Width						9'10	14			6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height						8	8			Yes	No
Square Feet						122.85	140			<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms						1	1			<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single						2	1			<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double						1	PK			<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>										Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	1	1	1							
8. COMMENTS <b>Inspected using ETA regulations (50 sq. ft. per person)</b>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title <b>Joe E. Jones SR</b>				Date <b>2-11-16</b>			
10. HOUSING INSPECTED BY: Signature of Authorized Official  Typed Name and Title <b>Joyce Hahn</b> Date <b>2-11-16</b>											
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official  Typed Name and Title <b>Joyce Hahn</b> Date <b>2-11-16</b>											

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jamerson Farms 2940 State Hwy K Hornersville, MO 63855				
2. HOUSING LOCATION 2002 County Road 657 Hornersville, MO 63855					3. HOUSING DESCRIPTION House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		12'0	12'0	18'5					5. CAPACITY (Adults) <b>4</b>
Width		13'6	13'6	15'4					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height									Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		10BL	open	10BL					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each) 10 BL									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
2									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1		1	1					
8. COMMENTS <i>Dumpster pickup Order</i>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature					Typed Name and Title			Date	
<i>Jamerson</i>					<i>Tim Jamerson General Partner</i>			12-12-18	
10. HOUSING INSPECTED BY: Signature of Authorized Official									
<i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-12-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official									
<i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-12-18	

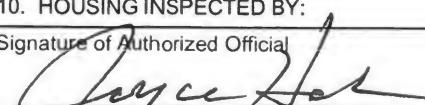
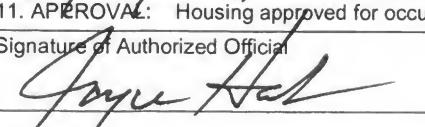
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> J & M Priggel Farms 610 King Street Portageville, MO 63873						
<b>2. HOUSING LOCATION</b> 1204 King Street, Apt 1 Portageville, MO 63873					<b>3. HOUSING DESCRIPTION</b> Apartment						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>					
		1	2	3	4			1	2	3	4
Length								9'2	11'5		
Width								12	12'1		
Ceiling Height											
Square Feet								1104	17365		
No. of Rooms											
No. of Beds, Single											
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
/					/						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
/		/									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
/	/	/	/		/						
<b>8. COMMENTS</b> 1-Dryer 1-Washer											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title <i>Employer</i>				Date			
								2/9/17			
<b>10. HOUSING INSPECTED BY:</b> Anita Dixson											
Signature of Authorized Official 				Typed Name and Title Anita Dixson, State Monitor Advocate				Date			
								2/9/17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Anita Dixson, State Monitor Advocate				Date			
								2/9/17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Jacinto Hernandez 2746 NW Back Creek Rd. Arcadia, FL 34265						
<b>2. HOUSING LOCATION</b> 511 Main Street Bibbs Trucking providing housing Hornersville, MO 63855					<b>3. HOUSING DESCRIPTION</b> Mess Hall/Bunk House						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	14'8	20'3							
		Width	26'5	26'5							
		Ceiling Height	8	8							
		Square Feet	392.2	531.95							
		No. of Rooms	1	1							
		No. of Beds, Single									
No. of Beds or (Bunks) Double	4	6									
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
6			7	6							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
2	2	2	2	6 ABC							
<b>8. COMMENTS</b> Cloths line backyard. Trash pickup 1x week.											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Cindy Bibbs Hernandez						
					Date 5-31-17						
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator						
					Date 5-31-17						
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator						
					Date 5-31-17						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jacinto Hernandez 2746 NW Back Creek Rd. Arcadia, FL 34265				
2. HOUSING LOCATION 303 Mulberry St. Hornersville, MO 63855					3. HOUSING DESCRIPTION Single Family Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type			
		1	2	3	4	1	2	3	4
Length	11'3								
Width	11'4								
Ceiling Height	8								
Square Feet	128.82								
No. of Rooms									
No. of Beds, Single	1								
No. of Beds or Bunks, Double	1 bunk								
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	2	1	2					
8. COMMENTS 2 smoke alarms									
9. EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title				Date		
<i>Donald Horvath</i>			operation manager				1/24/18		
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				1-24-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				1-24-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jacinto Hernandez Harvesting, Inc. 2746 NW Buckcreek Rd. Arcadia, FL 34266						
2. HOUSING LOCATION 515 Main Street Hornersville, MO 63855 Bibbs Trucking providing housing					3. HOUSING DESCRIPTION Bunk House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length	47	22'7							5. CAPACITY (Adults) 26		
Width	22'6	19'9							6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height	9	9							Yes	No	
Square Feet	1062.2	451.73							<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms									<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single									<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double	10 bks	3 bunks							<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2			3	3							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 2							
2	2	4	2								
8. COMMENTS 3 smoke alarms 3 a/c units											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title					Date			
<i>Donald Horvath</i>			Operations Manager					1/24/18			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official			Typed Name and Title					Date			
<i>Joyce Hahn</i>			Joyce Hahn, FLC Coordinator					1-24-18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title					Date			
<i>Joyce Hahn</i>			Joyce Hahn, FLC Coordinator					1-24-18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Jacinto Hernandez 2746 NW Back Creek Rd. Arcadia, FL 34265				
2. HOUSING LOCATION 511 Main Street Bibbs Trucking providing housing Hornersville, MO 63855					3. HOUSING DESCRIPTION Mess Hall/Bunk House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2		3
Length	14'8	20'3						5. CAPACITY (Adults) 20	
Width	26'5	26'5						6. REGULATIONS COMPLIANCE ("x" proper box) Yes No	
Ceiling Height	8	8						Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet	392.2	537.95						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms	1	1						Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	4 bks	6 bks						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
6			7	6					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 6 abc					
2	2	2	2						
8. COMMENTS Cloths line in backyard Trash pickup 1 x week									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Donald Horvath</i>			Typed Name and Title Operations Manager				Date 1/24/18		
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-24-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-24-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Keeven Brothers 602 Laura Hill Road O'Fallon, MO 63366					
<b>2. HOUSING LOCATION</b> 2421 Breeze Point Lane O'Fallon, MO 63368					<b>3. HOUSING DESCRIPTION</b> House					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	11	9	10'9						
	Width	8'10	12'1	12'8						
	Ceiling Height	8	8	8						
	Square Feet	90	93	139						
	No. of Rooms	1	1	1						
No. of Beds, Single	2	2	2							
No. of Beds or Bunks, Double										
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1				1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
1	1	1	1	1 ABC						
<b>8. COMMENTS</b> <i>1 Dryer</i>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title <i>Arlen D. Hill II Supervisor</i>				Date <i>12-20-18</i>		
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>12-20-18</i>		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>12-20-18</i>		

<p>U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE</p> <p><b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i></p>					<p>1. EMPLOYER'S NAME AND ADDRESS K&amp;K Cattle and Land, Inc. 801 13<sup>th</sup> St. Monett, MO 65708</p>																																																																		
<p>2. HOUSING LOCATION 28511 Norway Rd. Stark City, MO 64866</p>					<p>3. HOUSING DESCRIPTION Single story house</p>																																																																		
<p>4. SLEEP ROOMS (No. &amp; Measure)</p>		<p>a. Dormitory Type</p> <table border="1"> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td></td> <td></td> <td></td> <td>11'6</td> <td>11'6</td> <td>11'6</td> <td></td> </tr> <tr> <td>Width</td> <td></td> <td></td> <td></td> <td>14'6</td> <td>11'1</td> <td>11'2</td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> <td>8</td> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> <td></td> <td></td> <td>168.75</td> <td>127.65</td> <td>129.92</td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> <td>2</td> <td>1</td> <td>1</td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		1	2	3	4	1	2	3	4	Length				11'6	11'6	11'6		Width				14'6	11'1	11'2		Ceiling Height				8	8	8		Square Feet				168.75	127.65	129.92		No. of Rooms								No. of Beds, Single				2	1	1		No. of Beds or Bunks, Double								<p>b. Family Type</p>		<p>ES USE ONLY</p>	
1	2	3	4	1	2	3	4																																																																
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						<p>6. REGULATIONS COMPLIANCE ("proper box")</p> <table border="1"> <tr> <td>Water</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																	
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<p>7. FACILITIES (Number of each)</p> <table border="1"> <tr> <td>Flush Toilets</td> <td>Privy</td> <td>Urinals</td> <td>Lat. or Washbasins</td> <td>Showersheads</td> <td colspan="5"></td> </tr> <tr> <td>1</td> <td></td> <td></td> <td>1</td> <td>1</td> <td colspan="5"></td> </tr> <tr> <td>Bathtubs</td> <td>Movable Bathtubs</td> <td>Laundry machines</td> <td>Fixed laundry tube</td> <td>Movable laundry tube</td> <td colspan="5"></td> </tr> <tr> <td>1</td> <td></td> <td>1</td> <td></td> <td></td> <td colspan="5"></td> </tr> <tr> <td>Cook Stoves</td> <td>Refrigerators</td> <td>Garbage containers</td> <td>First-aid Kits</td> <td>Fire Extinguishers (No. &amp; type) 1kiddie</td> <td colspan="5"></td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td></td> <td colspan="5"></td> </tr> </table>										Flush Toilets	Privy	Urinals	Lat. or Washbasins	Showersheads						1			1	1						Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tube	Movable laundry tube						1		1								Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1kiddie						1	1	1	1								
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Employer's Signature			Typed Name and Title KIP CULLERS PRES.			Date 2-2-17																																																																	
<p>10. HOUSING INSPECTED BY:</p>																																																																							
Signature of Authorized Official Joyce Hahn			Typed Name and Title Joyce Hahn - Coordinator			Date 2-2-17																																																																	
<p>11. APPROVAL: Housing approved for occupancy by workers recruited interstate.</p>																																																																							
Signature of Authorized Official Joyce Hahn			Typed Name and Title Joyce Hahn - Coordinator			Date 2-2-17																																																																	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> K&K Cattle and Land, Inc. 601 13 <sup>th</sup> St. Monett, MO 65708						
<b>2. HOUSING LOCATION</b> 26511 Norway Rd. Stark City, MO 64866					<b>3. HOUSING DESCRIPTION</b> Single story house						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				11'5	11'5	11'6			
		Width				14'5	11'1	11'2			
		Ceiling Height				8	8	8			
		Square Feet				166.75	127.65	129.92			
		No. of Rooms									
No. of Beds, Single				2	1	1					
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	Kiddie							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Justin Hightower Foreman			Date 2/29/16			
<b>10. HOUSING INSPECTED BY:</b>											
Signature of Authorized Official 					Typed Name and Title Debra Minish State Monitor			Date 2/29/16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Debra Minish Advocate			Date 2/29/16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Living Lands, LLC 16788 Brown Road Elk Creek, MO 65464			
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2. HOUSING LOCATION Living Lands, LLC 16788 Brown Road Elk Creek, MO 65464					3. HOUSING DESCRIPTION Travel Trailer VIN# 03152			
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4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length									5. CAPACITY (Adults) 1	
Width									6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height									Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Square Feet									Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single	1								Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	

7. FACILITIES (Number of each)						
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads		
0	0	0	1	1		
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs		
0	0	0	0	1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)		
1	1	1	1	1		

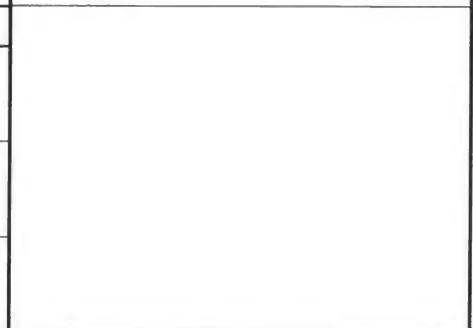
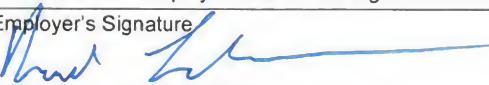
8. COMMENTS		<p>Solar Shower outdoor restroom</p> <p>will move camper to various locations food/water delivered as necessary laundry will be tub by hand or will do laundry for him Battery for power to camper</p> <p>req state for sheep herder shovel provided if out on range 50% of time</p>		
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9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.				
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Employer's Signature <i>Loren Steele, manager</i>		Typed Name and Title Loren Steele	Date 8/9/18
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10. HOUSING INSPECTED BY: Signature of Authorized Official <i>Anita Dixson</i>		Typed Name and Title Anita Dixson, State Monitor Advocate	Date 8/9/18
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11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official <i>Anita Dixson</i>		Typed Name and Title Anita Dixson, State Monitor Advocate	Date 8/9/18
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U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Lehenbauer Farms, Inc.</b> 6624 County Road 262 Hannibal, MO 63401						
2. HOUSING LOCATION 5934 County Rd 260 Palmyra, MO 63461					3. HOUSING DESCRIPTION Farm House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		14'	14'							5. CAPACITY (Adults) 4	
Width		12'	12'							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height										Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Square Feet		168	168							Water <input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms		1	1							Electricity <input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single		1	1							Site <input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double										Screening <input checked="" type="checkbox"/>	<input type="checkbox"/>
										Heating <input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title					Date 8/9/17	
10. HOUSING INSPECTED BY: Anita Dixson											
Signature of Authorized Official 					Typed Name and Title Anita Dixson, State Monitor Advocate					Date 8/9/17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Anita Dixson, State Monitor Advocate					Date 8/9/17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>Lehenbauer Farms, Inc.</b> <b>6624 County Road 262</b> <b>Hannibal, MO 63401</b>						
<b>2. HOUSING LOCATION</b> <b>5934 County Rd 260</b> <b>Palmyra, MO 63461</b>					<b>3. HOUSING DESCRIPTION</b> <b>Farm House</b>						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	14'	14'							
		Width	12'	12'							
		Ceiling Height									
		Square Feet	168	168							
		No. of Rooms	1	1							
		No. of Beds, Single	1	1							
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1	—	—	1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1	—	1	—		—						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
1	1	1	1		1						
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Amy Lehenbauer, Business Manager			Date 5-30-16			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn					Typed Name and Title Debra Minsh Joyce Hahn, Program Coordinator			Date 5-30-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator Debra Minsh			Date 5-30-16			

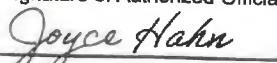
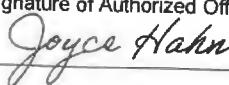
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> MacFarlane Pheasants, Inc. 2821 S. US Hwy 51 Janesville, WI 53546					
<b>2. HOUSING LOCATION</b> 22708 MO-76 Rocky Comfort, MO 64861					<b>3. HOUSING DESCRIPTION</b> Farm House					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	13'8	10'10	10'1						
	Width	11'8	10	13'5						
	Ceiling Height	8	8	8						
	Square Feet	162.84	101	136.35						
	No. of Rooms	1	1	1						
No. of Beds, Single	1	1	0							
No. of Beds or Bunks, Double										
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
2				2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) abc						
1	1	1	1							
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 					Typed Name and Title Sarah Pope GM			Date 2/7/18		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 2/7/18		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 2/7/18		

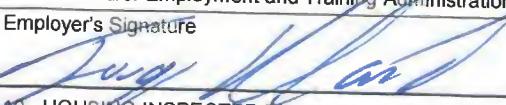
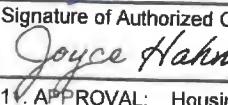
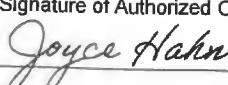
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				1. EMPLOYER'S NAME AND ADDRESS  Manville Farms 36402 E State Hwy 146 Gilman City, MO 64642	
2. HOUSING LOCATION  36402 E State Hwy 146 Gilman City, MO 64642				3. HOUSING DESCRIPTION  Wood & Concrete House	
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type		b. Family Type		ES USE ONLY  5. CAPACITY (Adults) <i>6</i>  6. REGULATIONS COMPLIANCE ("X" proper box) Yes      No
	1	2	3	4	
	Length <i>18'6</i>	<i>13</i>			
	Width <i>10</i>	<i>17'9</i>			
	Ceiling Height <i>8</i>	<i>8</i>			
	Square Feet <i>126</i>	<i>233</i>			
	No. of Rooms				
No. of Beds, Single <i>4</i>					
No. of Beds or Bunks, Double <i>1</i>	<i>2</i>				
7. FACILITIES (Number of each)					
Flush Toilets <i>1</i>	Privy	Urinals	Lav. or Washbasins <i>1</i>	Showerheads <i>1</i>	
Bathtubs	Movable Bathtubs	Laundry machines <i>1</i>	Fixed laundry tubs	Movable laundry tubs	
Cook Stoves <i>1</i>	Refrigerators <i>1</i>	Garbage containers <i>1</i>	First-aid Kits	Fire Extinguishers (No. & type)	
8. COMMENTS  <i>Fire detectors</i>					
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.					
Employer's Signature <i>Laura Perry</i>		Typed Name and Title <i>Laura Perry - Admin Assistant</i>		Date <i>1-7-16</i>	
10. HOUSING INSPECTED BY:					
Signature of Authorized Official <i>Debra Minish</i>		Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>		Date <i>1-7-16</i>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.					
Signature of Authorized Official <i>Debra Minish</i>		Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>		Date <i>1-7-16</i>	

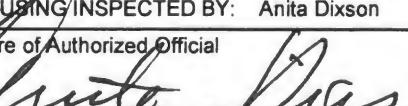
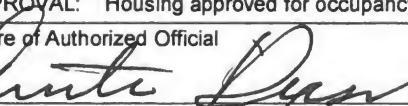
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>M &amp; B Land and Cattle Rt 2, Box 224D Mountain Grove, MO 65711</b>					
2. HOUSING LOCATION <b>Rt 2 Box 223E Mountain Grove, MO 65711</b>					3. HOUSING DESCRIPTION <b>Mobile Home</b>					
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	7'10	13'7							
	Width	7'9	13'10							
	Ceiling Height	8	8	8						
	Square Feet	56.09	178.10							
	No. of Rooms	1	1							
No. of Beds, Single										
No. of Beds or Bunks, Double	1	1								
<b>7. FACILITIES (Number of each)</b>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1				1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) <i>1st Alert</i>						
1	1	1	1							
<b>8. COMMENTS</b> <i>Washer   Dryer on-site</i>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Brenda Plummer</i>			Typed Name and Title <i>Brenda Plummer owner</i>				Date <i>5/18/18</i>			
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title <i>Joyce Hahn, FLC Program Coordinator</i>				Date <i>5/18/18</i>			
<b>11 APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title <i>Joyce Hahn, FLC Program Coordinator</i>				Date <i>5/18/18</i>			

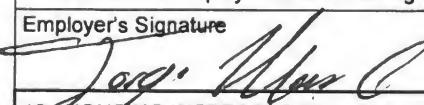
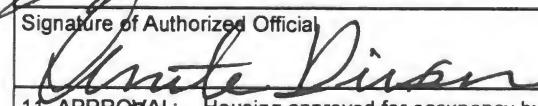
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS M & B Land and Cattle Rt 2, Box 224D Mountain Grove, MO 65711						
2. HOUSING LOCATION Rt 2 Box 223B Mountain Grove, MO 65711					3. HOUSING DESCRIPTION 3 bedroom house						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	11'4	10'2	10'5						
		Width	11'8	10'1	11'7						
		Ceiling Height	8	8	8						
		Square Feet	134.52	103.02	122.85						
		No. of Rooms	1	1	1						
		No. of Beds, Single									
No. of Beds or Bunks, Double		1dbl	1dbl								
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1				1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	1							
8. COMMENTS Dryer on-site.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Brenda Plummer				Date 3-27-18				
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Program Coordinator				Date 3-27-18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Program Coordinator				Date 3-27-18			

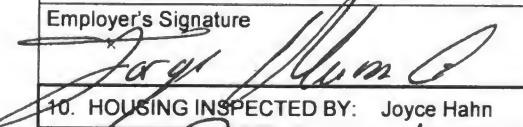
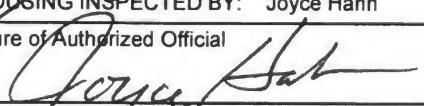
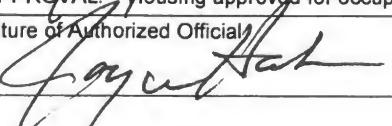
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>M &amp; B Land and Cattle</b> <b>Rt 2, Box 224D</b> <b>Mountain Grove, MO 65711</b>						
<b>2. HOUSING LOCATION</b> <b>Rt 2 Box 223B</b> <b>Mountain Grove, MO 65711</b>					<b>3. HOUSING DESCRIPTION</b> <b>3 bedroom house</b>						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
Length		11'4	10'2	10'5							
Width		11'8	10'1	11'7							
Ceiling Height		8	8	8							
Square Feet		134.52	103.02	122.85							
No. of Rooms		1	1	1							
No. of Beds, Single		-									
No. of Beds or Bunks, Double		-	1 DBL	1 DBL							
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
/					/						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
/		/									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers		(No. & type)				
/	/	/	/		/						
<b>8. COMMENTS</b> <i>Dryer</i>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title			Date					
<i>Brenda Plummer</i>			<i>Brenda Plummer, owner</i>			9-21-17					
<b>10. HOUSING INSPECTED BY:</b> Anita Dixson											
Signature of Authorized Official			Typed Name and Title			Date					
<i>Joyce Hahn</i>			<i>Joyce Hahn</i> Anita Dixson, State Monitor Advocate			9-21-17					
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title			Date					
<i>Joyce Hahn</i>			<i>Joyce Hahn</i> Anita Dixson, State Monitor Advocate			9-21-17					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE					1. EMPLOYER'S NAME AND ADDRESS <b>Marin J. Corporation</b> 2148 North Torrington Rd. Avon Park, FL 33825				
<b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> (See Instructions on Reverse)									
2. HOUSING LOCATION 10348 State Hwy C Unit #16 Senath, MO 63876					3. HOUSING DESCRIPTION Wood Frame House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		21'2	17'8	10'10					
Width		12'4	12	6'10					
Ceiling Height		8	8	8					
Square Feet		262.8	213.6	61					
No. of Rooms		1	1	1					
No. of Beds, Single		4	4	1					
No. of Beds or Bunks, Double		1	1						
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins		Showerheads 1				
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1		Fire Extinguishers (No. & type) 1 abc				
8. COMMENTS									
Large trash container for weekly pickup 3 smoke alarms Will take workers to local laundry mat once a week.									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title			Date	
10. HOUSING INSPECTED BY: Joyce Hahn					Joyce Hahn, Program Coordinator			5-22-18	
Signature of Authorized Official 					Typed Name and Title			Date	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.					Joyce Hahn, Program Coordinator			5-22-18	
Signature of Authorized Official 					Typed Name and Title			Date	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825				
2. HOUSING LOCATION 4346 State Hwy C Unit #11 Senath, MO 63876					3. HOUSING DESCRIPTION Brick House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length		14'3	14'1	13'2	9'9				
Width		22'7	10	14'10	13'11				
Ceiling Height		8	8	8	8				
Square Feet		324.61	141	186.12	130				
No. of Rooms		1	1	1	1				
No. of Beds, Single		6	3	4	1				
No. of Beds or Bunks, Double					1				
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 2 abc					
8. COMMENTS									
Large trash container for weekly pickup 3 smoke alarms Will take workers to local laundry mat weekly.									
9. EMPLOYER'S CERTIFICATION:									
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title			Date 5-22-18	
10. HOUSING INSPECTED BY: Anita Dixson									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Program Coordinator			Date 5-22-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Program Coordinator			Date 5-22-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825							
2. HOUSING LOCATION  9348 State Hwy C Senath, MO 63876					3. HOUSING DESCRIPTION  Wood Frame House							
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>			
	1	2	3	4	1	2	3	4				
	Length	21'2	17'8	10'10								
	Width	12'4	12	6'10								
	Ceiling Height	8	8	8								
	Square Feet	262.8	213.6	61								
	No. of Rooms	1	1	1								
	No. of Beds, Single	4	4	1								
No. of Beds or Bunks, Double	1	1										
7. FACILITIES (Number of each)												
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1								
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc								
8. COMMENTS												
Large trash container for weekly pickup  3 smoke alarms  Will take workers to local laundry mat once a week.											bedroom w/ bed send picture — needs new window & screen Wester/clec not on send local to inspect	
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 					Typed Name and Title						Date 4/26/17	
10. HOUSING INSPECTED BY: Anita Dixson					Typed Name and Title Anita Dixson, State Monitor Advocate				Date 4/26/17			
Signature of Authorized Official 					Typed Name and Title Anita Dixson, State Monitor Advocate				Date 4/26/17			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 					Typed Name and Title Anita Dixson, State Monitor Advocate				Date 4/26/17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825				
<b>2. HOUSING LOCATION</b> 9346 State Hwy C Senath, MO 63876					<b>3. HOUSING DESCRIPTION</b> Brick House				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		14'3	14'1	13'2	9'9				5. CAPACITY <i>(Adults)</i> 16
Width		22'7	10	14'10	13'11				6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height		8	8	8	8				Yes      No
Square Feet		324.61	141	186.12	130				Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1	1				Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		6	3	4	1				Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					1				Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									  
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 1 abc					
<b>8. COMMENTS</b> Large trash container for weekly pickup 3 smoke alarms Will take workers to local laundry mat weekly.									
<i>water/electric not on send local to inspect</i>									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Anita Dixson				Date 4/26/17
<b>10. HOUSING INSPECTED BY:</b> Anita Dixson					Typed Name and Title Anita Dixson, State Monitor Advocate				Date 4/26/17
Signature of Authorized Official 					Typed Name and Title Anita Dixson, State Monitor Advocate				Date 4/26/17
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 					Typed Name and Title Anita Dixson, State Monitor Advocate				Date 4/26/17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Marin J. Corporation 2148 North Torrington Rd. Avon Park, FL 33825						
2. HOUSING LOCATION  4346 State Hwy C Senath, MO 63876					3. HOUSING DESCRIPTION  Wood Frame House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		14'3	14'1	13'2	9'9					5. CAPACITY (Adults) <b>16</b>	
Width		22'7	10	14'10	13'11					6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height		8	8	8	8					Yes	No
Square Feet		324.61	141	186.12	130					<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms		1	1	1	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single		6	3	4	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or -Bunks, Double					1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets <b>2</b>	Privy	Urinals	Lav. or Washbasins		Showerheads <b>2</b>						
Bathtubs <b>1</b>	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
Cook Stoves <b>2</b>	Refrigerators <b>2</b>	Garbage containers <b>2</b>	First-aid Kits <b>1</b>		Fire Extinguishers (No. & type) <b>1 ABC</b>						
8. COMMENTS  Will take to local Laundry Mat. 3 smoke alarms 1 Large garbage container for weekly pickup											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title <b>Jorge Marin Gomez</b>				Date <b>5-5-16</b>				
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>5-5-16</b>				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>5-5-16</b>				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Marin J. Corporation</b> 2148 North Torrington Rd. Avon Park, FL 33825			
2. HOUSING LOCATION 9348 State Hwy C Senath, MO 63876					3. HOUSING DESCRIPTION Wood Frame House			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		ES USE ONLY
		1	2	3	4	1	2	
Length		21'2	17'8	10'10				
Width		12'4	12	6'10				
Ceiling Height		8	8	8				
Square Feet		2628	88213.6	601				
No. of Rooms		1	1	1				
No. of Beds, Single		4	4	1				
No. of Beds or Bunks, Double		1	1					
7. FACILITIES (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads			
1					1			
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs			
1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)			
1	1	1	1		1ABC			
8. COMMENTS								
<p>I large container for weekly pickup 3 smoke alarms will take to local laundry mat.</p>								
9. EMPLOYER'S CERTIFICATION:								
<p>I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.</p>								
Employer's Signature			Typed Name and Title			Date		
<i>Jorge Maru Gomez</i>			<i>Jorge Maru Gomez</i>					
10. HOUSING INSPECTED BY: Joyce Hahn								
Signature of Authorized Official			Typed Name and Title			Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator			5-5-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official			Typed Name and Title			Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator			5-15-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673						
2. HOUSING LOCATION RR 2 N. 65 Hwy Princeton, MO 64673					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length	15'6	9'4	9'4						5. CAPACITY (Adults) 8		
Width	12	14	13'5						6. REGULATIONS COMPLIANCE ( <i>'x'</i> proper box)		
Ceiling Height	8	8	8						Yes	No	
Square Feet	187.2	131.6	126.9						<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms									<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single		2	2						<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double	2								<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>	
									<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
2		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 abc							
1	1	1	1								
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Troy Meinke</i>				Typed Name and Title Troy Meinke Partner/Owner					Date 12/10/18		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator					Date 12/10/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator					Date 12/10/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 Princeton, MO 64673				
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# Tag # <i>1UY VS 2530 6U9790 04</i>				
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4
Length		<i>53</i>							
Width		<i>8 1/2</i>							
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		<i>8 1/2</i>							
7. FACILITIES <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads <i>2</i>					
<i>1</i>									
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
<i>1</i>		<i>1</i>							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>1 ABC</i>					
<i>1</i>	<i>1</i>	<i>1</i>	<i>1</i>						
8. COMMENTS <i>Slideouts 4x7 1/2 &amp; 4x12</i>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Terry L. Meinke</i>			Typed Name and Title Terry L. Meinke, Owner					Date 12/10/18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Workforce Specialist					Date 12/10/18
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Workforce Specialist					Date 12/10/18

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 501 Ballou St Princeton, MO 64673						
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# 1GRBA84280B066704 Tag # CFA 343						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length	43'								5. CAPACITY <i>(Adults)</i> 6		
Width	8.5'								6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>		
Ceiling Height									<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Square Feet	365.5'								<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms									<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single									<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double	3								<input type="checkbox"/> Screening	<input type="checkbox"/>	
No. of Beds or Bunks, Double	3								<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1			1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
1	1	1	2		2 abc dry						
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										Date	
Employer's Signature 				Typed Name and Title Terry L. Meinke, Owner					12/10/18		
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist					12/10/18		
11 APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Workforce Specialist					12/10/18		

U.S. Department of Labor, Employment and Training Administration <b>U.S. TRAINING AND EMPLOYMENT SERVICE</b> <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				<b>1. EMPLOYER'S NAME AND ADDRESS</b> Meinke Custom Combining RR #1 Box 14 Princeton, MO 64673			
<b>2. HOUSING LOCATION</b> Mobile Unit located at Employer's Corporate site				<b>3. HOUSING DESCRIPTION</b> Semi-Tractor Trailer Unit Mobil ID# 1GRBA84280B066704 Tag # CFA 343			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>	
Length	43'	1	2	3	4	1	2
Width	8.5'						
Ceiling Height							
Square Feet	365.5'						
No. of Rooms							
No. of Beds, Single							
No. of Beds or Bunks, Double	3						
<b>7. FACILITIES</b> (Number of each)							
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads			
1			1	1			
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs			
1		1					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers			
1	1	1	2	(No. & type) 2 abc dry			
<b>8. COMMENTS</b> 2 Hot Plates & Microwave for cooking. 1 Dryer							

**9. EMPLOYER'S CERTIFICATION**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature	Typed Name and Title	Date
Jerry Meinke	Terry L. Meinke, Owner	12-7-17

10. HOUSING INSPECTED BY	Typed Name and Title	Date
Signature of Authorized Official <i>Joyce Hahn</i>	Joyce Hahn, Workforce Specialist	12-7-17

11 APPROVAL	Housing approved for occupancy by workers recruited interstate.	Typed Name and Title	Date
Signature of Authorized Official <i>Joyce Hahn</i>	Joyce Hahn, Workforce Specialist	12-7-17	

Form Approved  
Budget Bureau No. 44-R-356

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
*(See Instructions on Reverse)*

## 2. HOUSING LOCATION

Mobile Unit located at employers corporate site

## 1. EMPLOYER'S NAME AND ADDRESS

Meinke Custom Combining  
501 Ballew St.  
Princeton, MO 64673

## 3. HOUSING DESCRIPTION

Forestor Camper Trailer/Model Cherokee  
VIN# 4X4TCKE23WK080069

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type			
	1	2	3	4	1	2	3	4
Length	30							
Width	8							
Ceiling Height								
Square Feet								
No. of Rooms								
No. of Beds: Single								
No. of Beds or Bunks, Double								

## 7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				2
Bathubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
1				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1 abc

## 8. COMMENTS

8 X 30 Camper Trailer

## ES USE ONLY

5. CAPACITY  
(Adults) 4

6. REGULATIONS COMPLIANCE  
(x proper box)

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 9. EMPLOYER'S CERTIFICATION

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

*Terry Meinke*

Typed Name and Title

Date

12-7-17

## 10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

*Joyce Hahn*

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

12-7-17

## 11. APPROVAL: Housing approved for occupancy by workers recruited interstate

Signature of Authorized Official

*Joyce Hahn*

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

12-7-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Meinke Custom Combining 501 Ballew St. Princeton, MO 64673				
<b>2. HOUSING LOCATION</b> Mobile Unit located at employers corporate site					<b>3. HOUSING DESCRIPTION</b> Forester Camper Trailer/Model Cherokee VIN# 4X4TCKE23WK080069				
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2	3	4
Length		30							
Width		8							
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double									
<b>7. FACILITIES (Number of each)</b>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1 abc					
<b>8. COMMENTS</b> 8 X 30 Camper Trailer									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature		Typed Name and Title			Date				
<i>Terry L. Meinke</i>		<i>TERRY L. Meinke OWNER</i>			<i>12-27-16</i>				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official		Typed Name and Title			Date				
<i>Joyce Hahn</i>		<i>Joyce Hahn, Program Coordinator</i>			<i>12-27-16</i>				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official		Typed Name and Title			Date				
<i>Joyce Hahn</i>		<i>Joyce Hahn, Program Coordinator</i>			<i>12-27-16</i>				

<p>U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE</p> <p><b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i></p>					<p>1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673</p>																																																							
<p>2. HOUSING LOCATION RR 2 N. 65 Hwy Princeton, MO 64673</p>					<p>3. HOUSING DESCRIPTION Apartment</p>																																																							
<p>4. SLEEP ROOMS (No. &amp; Measure)</p>		<p>a. Dormitory Type</p> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td>15'6</td> <td>9'4</td> <td>9'4</td> <td></td> </tr> <tr> <td>Width</td> <td>12</td> <td>14</td> <td>13'5</td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td>8</td> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>Square Feet</td> <td>187.2</td> <td>131.6</td> <td>128.9</td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td>2</td> <td>2</td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td>2</td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	Length	15'6	9'4	9'4		Width	12	14	13'5		Ceiling Height	8	8	8		Square Feet	187.2	131.6	128.9		No. of Rooms					No. of Beds, Single		2	2		No. of Beds or Bunks, Double	2				<p>b. Family Type</p> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4						<p>ES USE ONLY</p>		
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<p>8. COMMENTS</p>																																																												
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Employer's Signature <i>Terry L. Meinke</i>					Typed Name and Title <i>TERRY L. MEINKE OWNER</i>					Date <i>12-27-16</i>																																																		
10. HOUSING INSPECTED BY: Joyce Hahn					Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>					Date <i>12-27-16</i>																																																		
Signature of Authorized Official <i>Joyce Hahn</i>																																																												
11. APPROVAL: / Housing approved for occupancy by workers recruited interstate.					Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>					Date <i>12-27-16</i>																																																		
Signature of Authorized Official <i>Joyce Hahn</i>																																																												



Form Approved  
Budget Bureau No. 44-R1358

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

### EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

#### 2. HOUSING LOCATION

RR 2 N. 65 Hwy  
Princeton, MO 64673

#### 1. EMPLOYER'S NAME AND ADDRESS

Meinke Custom Combining  
501 Ballew St.  
Princeton, MO 64673

#### 3. HOUSING DESCRIPTION

Apartment

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type			
	1	2	3	4	1	2	3	4
Length	15'6	9'4	9'4					
Width	12	14	13'5					
Ceiling Height	8	8	8					
Square Feet	187.2	131.6	126.9					
No. of Rooms								
No. of Beds, Single		2	2					
No. of Beds or Bunks, Double	2							

#### 7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showersheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
2		1		
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1 abc

#### 8. COMMENTS

#### 9. EMPLOYER'S CERTIFICATION

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

12-7-17

#### 10. HOUSING INSPECTED BY:

Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

12-7-17

#### 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

12-7-17

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining RR #1 Box 14 Princeton, MO 64673				
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site					3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# 1GRBA84280B066704 Tag # CFA 343				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		43'							
Width		8.5'							
Ceiling Height									
Square Feet		365.5'							
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		3							
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1	1					
Bathlubs	Movable Bathlubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	2	2 abc dry					
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Terry L. Meinke</i>			Typed Name and Title Terry L. Meinke, Owner				Date 12-27-16		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12-27-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Workforce Specialist				Date 12-27-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining 501 Ballew St. Princeton, MO 64673						
2. HOUSING LOCATION 501 Ballew St. Princeton, MO 64673					3. HOUSING DESCRIPTION Forester Camper Trailer/Model Cherokee VIN # 4X4TCKE23WK080069						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length	30								
		Width	80								
		Ceiling Height									
		Square Feet									
		No. of Rooms									
No. of Beds, Single											
No. of Beds or Bunks, Double											
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	1	1	abc							
8. COMMENTS 80 X 30 Camper Trailer											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Terry L. Meinke				Date 12-29-2015			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Debra Minish, State Monitor Advocate				Date 12/29/15			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Debra Minish, State Monitor Advocate				Date 12/29/15			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <i>Meinke Custom Lumber 501 Ballou St. Princeton MO 64673</i>					
<b>2. HOUSING LOCATION</b> <i>Mobile Unit located at Employer's Corporate site</i>					<b>3. HOUSING DESCRIPTION</b> <i>Semi-Tractor-Trailer Unit Mobile ID # GRBA84280B066704 TAG # CFA 343</i>					
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		<b>a. Dormitory Type</b>		<b>b. Family Type</b>		<b>ES USE ONLY</b>				
Length		1	2	3	4	1	2	3	4	<b>5. CAPACITY (Adults)</b> <i>6</i> <b>6. REGULATIONS COMPLIANCE ("x" proper box)</b> <input checked="" type="checkbox"/> Water <input type="checkbox"/> <input checked="" type="checkbox"/> Electricity <input type="checkbox"/> <input checked="" type="checkbox"/> Site <input type="checkbox"/> <input checked="" type="checkbox"/> Screening <input type="checkbox"/> <input checked="" type="checkbox"/> Heating <input type="checkbox"/>
Width		43'								
Ceiling Height										
Square Feet		365.5								
No. of Rooms										
No. of Beds, Single										
No. of Beds or Bunks, Double		3								
<b>7. FACILITIES (Number of each)</b>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	1	2	2						
<b>8. COMMENTS</b> <i>2 Hot Plates &amp; Microwave for cooking 1 Dryer</i>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature			Typed Name and Title			Date				
<i>Terry L. Meinke</i>			<i>TERRY L. MEINKE, OWNER</i>			<i>12-29-2015</i>				
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official			Typed Name and Title			Date				
<i>Debra Minish</i>			<i>Debra Minish State Monitor Advocate</i>			<i>12/29/15</i>				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official			Typed Name and Title			Date				
<i>Debra Minish</i>			<i>Debra Minish State Monitor Advocate</i>			<i>12/29/15</i>				

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Meinke Custom Combining  
501 Ballew St.  
Princeton, MO 64673

2. HOUSING LOCATION

R R 2 N. 65 Hwy  
Princeton, MO 64673

3. HOUSING DESCRIPTION

Apartment

4. SLEEP ROOMS  
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4
Length	15'6"	9'4"	9'4"					
Width	12	14	13'5"					
Ceiling Height	8	8	8					
Square Feet	187.2	131.6	126.9					
No. of Rooms								
No. of Beds, Single		2	2					
No. of Beds or Bunks, Double	2							

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) abc

8. COMMENTS

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Jerry L. Menke

Date

12/29/15

10. HOUSING INSPECTED BY:

Signature of Authorized Official

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

12/29/15

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Debra Minish, State Monitor Advocate

Date

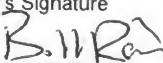
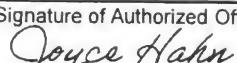
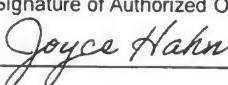
12/29/15

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm PO. Box 1153 Raymore, MO 64083						
2. HOUSING LOCATION 25210 205 <sup>th</sup> Pleasant Hill, MO					3. HOUSING DESCRIPTION House						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				11'5"	11'5"	10'9"	11'6"		
		Width				12'6"	14'11"	14'5"	10'8"		
		Ceiling Height				8'	8'	8'	8'		
		Square Feet				144.9	162.27	158.05	125.28		
		No. of Rooms									
		No. of Beds, Single				2	3	3	3		
No. of Beds or Bunks, Double							2 bunks				
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
3			3	2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
2		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
1	2	2	1	6							
8. COMMENTS 2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household. Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Brian Rape, Manager				Date 12-6-18			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-6-18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 12-6-18			

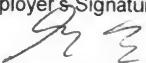
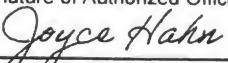
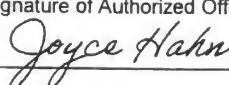
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm PO. Box 1153 Raymore, MO 64083				
2. HOUSING LOCATION 25210 205 <sup>th</sup> Pleasant Hill, MO					3. HOUSING DESCRIPTION House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
1	2	3	4	11'5"	11'5	10'9"	11'6"		
Length				11'5"	11'5	10'9"	11'6"	11'5"	5. CAPACITY (Adults) 15
Width				12'6"	14'11"	14'5"	10'8"	15'3"	6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height				8'	8'	8'	8'	8'	Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet				144.9	162.27	158.05	125.28	175.95	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				2	3	3		3	Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double							2 bunks		Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)									
Flush Toilets 3	Privy	Urinals	Lav. or Washbasins 3	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 6					
8. COMMENTS 2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household. Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area. replacing all bedding (mattress/pillows/sheets) bathroom remodel off kitchen (walls, flooring, toilet) Complete remodel of house (flooring-tiles)									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title Brian Rape, Manager				Date 12-21-17		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 			Typed Name and Title Anita Dixson, MSFW Program Coordinator				Date 12/21/17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 			Typed Name and Title Anita Dixson, MSFW Program Coordinator				Date 12/21/17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE				1. EMPLOYER'S NAME AND ADDRESS  Mike's Turf Farm PO. Box 1153 Raymore, MO 64083					
EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>									
2. HOUSING LOCATION  25210 205 <sup>th</sup> Pleasant Hill, MO				3. HOUSING DESCRIPTION  House					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
1	2	3	4	1	2			3	4
Length				11'5"	11'5			10'9"	11'6"
Width				12'6"	14'11"			14'5"	10'8"
Ceiling Height				8'	8'			8'	8'
Square Feet				144.9	162.27			158.05	125.28
No. of Rooms									
No. of Beds, Single			/ 2	/ 3	/ 3			/ 2	13
No. of Beds or Bunks, Double									
7. FACILITIES (Number of each)									
Flush Toilets 3	Privy	Urinals	Lav. or Washbasins 3	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 6					
8. COMMENTS									
2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household.									
Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 		Typed Name and Title Brian Rape Manager				Date 1-5-16			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official Debra Minish		Typed Name and Title Debra Minish, State Monitor Adv.				Date 1-5-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official Debra Minish		Typed Name and Title Debra Minish, State Monitor Advocate				Date 1-5-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Mike's Turf Farm PO. Box 1153 Raymore, MO 64083					
<b>2. HOUSING LOCATION</b> 25210 205 <sup>th</sup> Pleasant Hill, MO					<b>3. HOUSING DESCRIPTION</b> House					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				11'5"	11'5	10'9"	11'6"	11'5"	13
	Width				12'6"	14'11"	14'5"	10'8"	15'3"	REGULATIONS COMPLIANCE
	Ceiling Height				8'	8'	8'	8'	8'	<i>("x" proper box)</i>
	Square Feet				144.9	162.27	158.05	125.28	175.95	Yes      No
	No. of Rooms									Water <input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Beds, Single				2	4	3	2	3	Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins			Showerheads				
3			3			2				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs			Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits			Fire Extinguishers				
1	2	2	1			(No. & type) 6				
<b>8. COMMENTS</b> 2 of 6 fire extinguishers had inspection dates tags, 3 wall mounted, 3 standing, spaced around household. Ladder against window in basement for means of egress if needed but still does not comply with sleeping area requirements for this area. There should be no beds in this basement area.										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Brian Rape, Manager						Date 1-22-15	
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn						Date 1-22-15	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn						Date 1-22-15	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Murphy Family Ventures 5752 Hwy 117 S. Wallace, NC 28466					
2. HOUSING LOCATION 22693 E. B. Hwy Sheldon, MO 64784					3. HOUSING DESCRIPTION House					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			5 $\frac{1}{4}$	b. Family Type			<b>ES USE ONLY</b>	
		1	2	3		4	2	3		
Length		13'7	7'8	9'9	7'11	20				5. CAPACITY (Adults) <b>9</b>
Width		9'6	10'10	13'7	18'7	7'11				6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height		8	8	8	8	8				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet		131.52	78.78	135.63	132.95	142.20				Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		2	1	2	2	2				Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1				1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	2	1	2						
8. COMMENTS  1 Dryer Weekly trash pickup										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Bill Rainey, Maint Manager				Date 2-13-18			
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/13/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/13/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Murphy Family Ventures 5752 Hwy 117 S. Wallace, NC 28466							
2. HOUSING LOCATION 22693 E. B. Hwy Sheldon, MO 64784					3. HOUSING DESCRIPTION House							
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	13'7	7'8	9'9	7'11	20					
		Width	9'6	10'10	13'7	18'7	7'11					
		Ceiling Height	8	8	8	8	8					
		Square Feet	131.52	78.78	135.63	132.95	142.20					
		No. of Rooms	1	1	1	1	1					
		No. of Beds, Single	2	1	2	2	3					
No. of Beds or Bunks, Double												
7. FACILITIES <i>(Number of each)</i>												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
1					1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	2	1		2							
8. COMMENTS 1 dryer on site Weekly trash pickup												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Stacy Bond, Employee Mgr				Development 1/25/19				
10. HOUSING INSPECTED BY:												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1/25/19				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1/25/19				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Murphy Grain, LLC PO Box 225 Malden, MO 63863				
2. HOUSING LOCATION 7607 D Hwy Parma, MO 63870					3. HOUSING DESCRIPTION 6 bedroom house				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2		
Length		9'11	11'4	12'7	13'11	13'1			
Width		12'11	18'6	15'8	11'9	10'4			
Ceiling Height		8	8	8	8	8			
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		1 dbl	2 dbl	1 dbl	1 dbl	1 dbl			
7. FACILITIES (Number of each)									
Flush Toilets 3	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2 Kiddie					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Gary Murphy III, Member of Murphy Grain, LLC			Date 12-13-18		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-13-18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 12-13-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Moseley Farms, LLC PO Box 175 Meadville, MO 64659				
2. HOUSING LOCATION 102 Mallard Drive Brookfield, MO					3. HOUSING DESCRIPTION 2 story house				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		31'5							
Width		29'4							
Ceiling Height		8							
Square Feet		110.25							
No. of Rooms		1							
No. of Beds, Single		10							
No. of Beds or Bunks, Double									
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
/					/				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
/		/							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)		1 Buckeye		
/	/		/						
8. COMMENTS 1 Dryer on-side									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>Ira Moseley</i>			Typed Name and Title <i>Ira Moseley Manager</i>				Date 31/MAY/18		
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date 5-31-18		
11 APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date 5-31-18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Moyer Farms, LLC 39909 E 160 <sup>th</sup> St Richmond, MO 64085						
2. HOUSING LOCATION 12664 Hwy 13 Richmond, MO 64085					3. HOUSING DESCRIPTION House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				10'	136"				
		Width				156"	10'				
		Ceiling Height									
		Square Feet				156	136				
		No. of Rooms				1	1				
No. of Beds, Single											
No. of Beds or Bunks, Double				2	1						
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1				1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	1							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Nathan Moyer				Date 4/19/18			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 4/9/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 4/9/18			

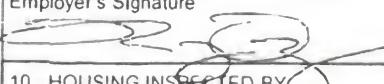
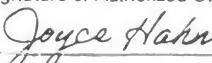
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				1. EMPLOYER'S NAME AND ADDRESS Pin Oak Farms, Inc. 2431 Hwy E New Haven, MO 63068					
2. HOUSING LOCATION 200 Maupin Street New Haven, MO 63068				3. HOUSING DESCRIPTION 5 bedroom house					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4			1	2
Length		14'11	11'2	13'2	17'2				
Width		17'1	17	17'1	17'2				
Ceiling Height		8'9	8'9	8'9	8'9				
Square Feet		241.2	190	225	295				
No. of Rooms		1	1	1	1				
No. of Beds, Single		3							
No. of Beds or Bunks, Double		1 king		2 double	1 double				
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	3	1	1	1abc					
8. COMMENTS Trash pick up is twice a week.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title			Date			
<i>Duane Brune</i>			<i>Duane Brune</i>			<i>2-26-18</i>			
10. HOUSING INSPECTED BY: <i>[Signature]</i>									
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator			Date 2/26/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official <i>Joyce Hahn</i>									
			Typed Name and Title Joyce Hahn, Program Coordinator			Date 2/26/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Pin Oak Farms, Inc. 2431 Hwy E New Haven, MO 63068							
2. HOUSING LOCATION 200 Maupin Street New Haven, MO 63068					3. HOUSING DESCRIPTION 5 bedroom house							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY		
		1	2	3	4	1	2	3	4			
		Length	14'1"	11'2"	13'2"	17'2"						
		Width	17'	17	17'1"	17'2"						
		Ceiling Height	8'9"	8'9"	8'9"	8'9"						
		Square Feet	241.2	190	225	295						
		No. of Rooms	1	1	1	1						
		No. of Beds, Single										
No. of Beds or Bunks, Double	1 queen	1 single	2 dbl	1 dbl								
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
2				2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)								
1	3	1	1	1 ABC								
8. COMMENTS Twice a week pick up.												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature <i>Duane Brune</i>			Typed Name and Title <i>Duane Brune</i>				Date 3-9-17					
10. HOUSING INSPECTED BY: Anita Dixson												
Signature of Authorized Official <i>Anita Dixson</i>			Typed Name and Title Anita Dixson, State Monitor Advocate				Date 3-9-17					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official <i>Anita Dixson</i>			Typed Name and Title Anita Dixson, State Monitor Advocate				Date 3-9-17					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Pierce Farming Co. 1375 CO Hwy 344 Caruthersville, MO 63830			
2. HOUSING LOCATION 1822 CO Hwy 344 Caruthersville, MO 63830					3. HOUSING DESCRIPTION House			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length					12'2	12'2	12'1	
Width					11	11'5	8'8	
Ceiling Height					8	8	8	
Square Feet					134.20	140.3	106.48	
No. of Rooms					1	1	1	
No. of Beds, Single								
No. of Beds or Bunks, Double								
7. FACILITIES (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
/				/				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
/		/						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)				
/	/	/	/	/				
8. COMMENTS <i>Dryer On-site</i>								
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature <i>Jeff Pierce</i>			Typed Name and Title <i>JEFF PIERCE</i>			Date <i>4-5-18</i>		
10. HOUSING INSPECTED BY:								
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>			Date <i>4-5-18</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>			Date <i>4-5-18</i>		

mahan@bpsnetworks.com

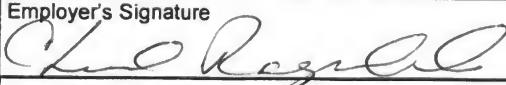
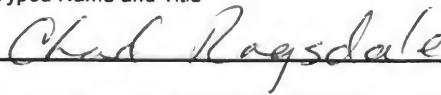
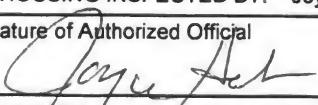
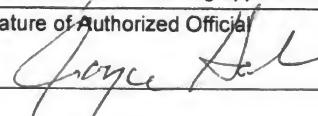
Form Approved  
Budget Bureau No. 44-R1388

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Pride Harvestng, LLC 729 Peacock Avenue Lahigh Acres, FL 33974					
<b>2. HOUSING LOCATION</b> 108 NE Street Parma, MO 63870					<b>3. HOUSING DESCRIPTION</b> Barracks style housing					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4	
Length		32.4	19.11	11.7						5. CAPACITY <i>(Adults)</i> 30
Width		26.3	11.11	20.3						6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height		8	8	8						Yes      No
Square Feet		852.12	212.31	237.51						Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		3	1							Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks) Double		9	2	2						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav or Washbasins	Showerheads						
3			5	3						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
3	4	2	2	2 ABC						
<b>8. COMMENTS</b> Microwave Dryer Onsite Weekly trash pickup										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature		Typed Name and Title			Date					
		Ray Ozuna Director of Operations			4/5/2018					
<b>10. HOUSING INSPECTED BY</b>										
Signature of Authorized Official		Typed Name and Title			Date					
		Joyce Hahn, Program Coordinator			4-5-18					
<b>11 APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official		Typed Name and Title			Date					
		Joyce Hahn, Program Coordinator			4-5-18					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Providence Farm 8171 Hwy 92 E Bee Branch, AR 72013							
<b>2. HOUSING LOCATION</b> 20770 St. Hwy 76 Cassville, MO 65625					<b>3. HOUSING DESCRIPTION</b> House							
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	11'2"									
		Width	12'1"									
		Ceiling Height	8'									
		Square Feet	234.32									
		No. of Rooms	1									
		No. of Beds, Single										
No. of Beds or Bunks, Double	1											
<b>7. FACILITIES</b> <i>(Number of each)</i>												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
2			2	2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers		<i>(No. &amp; type)</i>						
	1	weekly pickup	1	1								
<b>8. COMMENTS</b> <div style="text-align: center;">↓</div> <p>need fire exting. + first Ad Kit      need pictures of washer/dryer</p>												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature			Typed Name and Title				Date					
<i>Terry McChesney</i>			<i>Terry McChesney</i>				5-23-17					
<b>10. HOUSING INSPECTED BY:</b>												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Anita Dixon</i>			<i>Anita Dixon</i>				5/23/17					
<b>1. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Anita Dixon</i>			<i>Anita Dixon</i>				5/23/17					

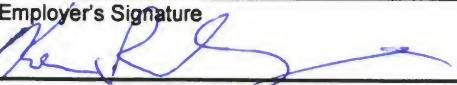
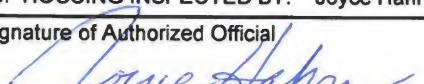
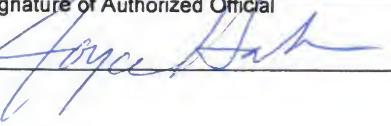
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Roth Herford Farms of Missouri, Inc</b> 32503 E. State Route 2 Harrisonville, MO 64701				
2. HOUSING LOCATION <b>32800 E. State route 2</b> <b>Harrisonville, MO 64701</b>					3. HOUSING DESCRIPTION <b>Ranch House</b>				
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		9'4	10	10	10	9'5			5. CAPACITY <i>(Adults)</i> 6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Width		13	13	11	10	14			
Ceiling Height									
Square Feet		117.33	130	110	100	126.41			
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double									
7. FACILITIES <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2			2	2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>					
1	1	1	1	1					
8. COMMENTS <b>Garbage Service</b>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title <b>Carl Roth, corporate secretary</b>			Date <b>12-30-15</b>			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 			Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>			Date <b>12/30/15</b>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 									

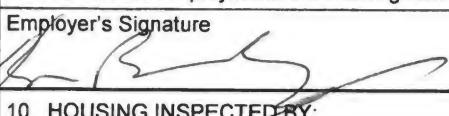
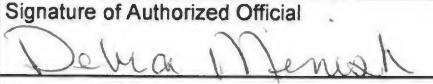
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Roth Hereford Farms of Missouri, Inc. 32503 E. State Route 2 Harrisonville, MO 64701				
<b>2. HOUSING LOCATION</b> 32800 E. State Route 2 Harrisonville, MO 64701					<b>3. HOUSING DESCRIPTION</b> Ranch House				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length		9'4	10	10	10	9'5			
Width		13	13	11	10	14			
Ceiling Height									
Square Feet		117.33	130	110	100	126.41			
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		1							
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
2					2				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers				
1	1	1	1		(No. & type) 1				
<b>8. COMMENTS</b> Garbage Service									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title				Date		
<i>Kennie Sladen for Carol Roth</i>			Carol Roth				1-7-15		
<b>10. HOUSING INSPECTED BY:</b>									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn				1-7-15		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn				1-7-15		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Ragsdale Egg Production LLC</b> 30638 Bahner Quarry Road Tipton, MO 65081							
2. HOUSING LOCATION 510 North Osage Tipton, MO 65081					3. HOUSING DESCRIPTION Single Family Home							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY		
		1	2	3	4	1	2	3	4			
		Length	15'1	15'2	15'3	15'3						
		Width	10'7	10'6	15'3	12'10						
		Ceiling Height	8'1	8'1	8'2	8'2						
		Square Feet	161 <sup>13</sup>	161 <sup>17</sup>	234 <sup>1</sup>	185 <sup>13</sup>						
		No. of Rooms	1	1	1	1						
No. of Beds, Single												
No. of Beds or Bunks, Double	1 db	1	1 db									
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
2				1								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
2		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)								
1	1		1	1								
8. COMMENTS												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 			Typed Name and Title 			Date 1-5-17						
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-5-17						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-5-17						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Ridgetop Farms LLC 3140 St. Hwy E Scott City, MO 63780					
2. HOUSING LOCATION 3531 State Hwy E Scott City, MO 63780					3. HOUSING DESCRIPTION House					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY		
		1	2	3	4	1	2	3	4	
Length		11'9	11	12'7						5. CAPACITY (Adults) <i>2</i>
Width		9'9	11'11	13'4						6. REGULATIONS COMPLIANCE (X" proper box)
Ceiling Height		8	8	8						Yes      No
Square Feet										Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		-	1	10						Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		-	0	12b						Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
Flush Toilets <i>3</i>	Privy	Urinals	Lav. or Washbasins	Showerheads <i>2</i>						
Bathtubs <i>1</i>	Movable Bathtubs	Laundry machines <i>1</i>	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves <i>1</i>	Refrigerators <i>1</i>	Garbage containers <i>1</i>	First-aid Kits <i>1</i>	Fire Extinguishers (No. & type) <i>1</i>						
8. COMMENTS <i>1 Dryer</i>										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Eric Seiles</i>				Typed Name and Title <i>Eric Seiles</i>				Date <i>8/1/08</i>		
10. HOUSING INSPECTED BY: <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>8-1-18</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official <i>Joyce Hahn</i> Typed Name and Title Joyce Hahn, Program Coordinator      Date <i>8-1-18</i>										

U.S. Department of Labor, Employment and Training Administration 'J.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Rx3, LLC 15825 Old Pike Road Dearborn, MO 64439						
<b>2. HOUSING LOCATION</b> 603 Main Street Dearborn, MO 64439					<b>3. HOUSING DESCRIPTION</b> Frame Home						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length	12	13	15'7	15'6					<b>5. CAPACITY</b> <i>(Adults)</i>		8
Width	9'4	11	14'4	11					<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>		Yes      No
Ceiling Height	8	8	8	8					Water		<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	112.8	143	217.44	171.6					Electricity		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1	1					Site		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	2	1	2	3					Screening		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double									Heating		<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1		n/a	1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1	n/a	1	n/a		n/a						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers						
1	1	1	1		(No. & type) 1 abc						
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Kevin Rawlings, Owner				Date 2-23-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 2-23-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 2-23-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Rx3, LLC 15825 Old Pike Road Dearborn, MO 64439								
2. HOUSING LOCATION 603 Main Street Dearborn, MO 64439					3. HOUSING DESCRIPTION Frame Home								
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY			
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 8			
		Length	12	13	15'7	15'6					6. REGULATIONS COMPLIANCE ("x" proper box)		
		Width	9'4	11	14'4	11					Yes	No	
		Ceiling Height	8	8	8	8					Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Square Feet	112.8	143	217.44	171.6					Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		No. of Rooms	1	1	1	1					Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		No. of Beds, Single	2	1	2	3					Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double			4						Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7. FACILITIES (Number of each)													
Flush Toilets 1	Privy	Urinals n/a	Lav. or Washbasins 1	Showerheads 1									
Bathtubs 1	Movable Bathtubs n/a	Laundry machines 1	Fixed laundry tubs n/a	Movable laundry tubs n/a									
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc									
8. COMMENTS													
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature 			Typed Name and Title Kevin Rawlings, Owner				Date 3-11-16						
10. HOUSING INSPECTED BY: Joyce Hahn													
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-11-16						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-11-16						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>RX# LLC</b> 15825 Old Pike Rd Dearborn, MO 64439				
2. HOUSING LOCATION 603 N. Main Dearborn, MO 64439					3. HOUSING DESCRIPTION Frame home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2		
Length		12	13	15.7	15'6				
Width		9'4	11	14'4	11				
Ceiling Height		8	8	8	8				
Square Feet		112.8	143	217.44	171.6				
No. of Rooms									
No. of Beds, Single		2	1	1	3				
No. of Beds or Bunks, Double				1					
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1abc					
8. COMMENTS									
<p>9. EMPLOYER'S CERTIFICATION:</p> <p>I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.</p>									
Employer's Signature			Typed Name and Title			Date			
			Kevin Rawlings			3-06-15			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official			Typed Name and Title			Date			
			Debra Minish, State Monitor Advocate			3/6/2015			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title			Date			
			Debra Minish, State Monitor Advocate			3/6/2015			

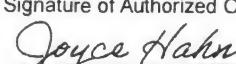
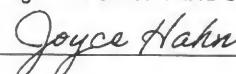
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635								
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack #1  Sleeping Quarters Only								
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>				
	1	2	3	4	1	2	3	4					
	Length	40							5. CAPACITY (Adults) <i>50 65 ju</i>				
	Width	70											
	Ceiling Height								6. REGULATIONS COMPLIANCE ("x" proper box)				
	Square Feet												
	No. of Rooms								<input checked="" type="checkbox"/>	<input type="checkbox"/>			
No. of Beds, Single	<i>5</i>							<input checked="" type="checkbox"/>	<input type="checkbox"/>				
No. of Beds or Bunks, Double	<i>30 25</i>							<input checked="" type="checkbox"/>	<input type="checkbox"/>				
7. FACILITIES (Number of each)									No bathrooms, kitchen or laundry facilities are located in this building.  Kitchen facilities are located in buildings 2 and 3.  Laundry facilities are located in buildings 6 and 7.				
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins	Showerheads									
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs									
Cook Stoves	Refrigerators 1	Garbage containers 3	First-aid Kits 1	Fire Extinguishers (No. & type) 4 ABC Dry									
8. COMMENTS Inspected using OSHA 1910.142 regulations.  Heating is not needed as workers are not working during cold weather.  Lounge area in front of barracks with 2 sinks with portable water.  Wall lockers for all workers on the premises are located in this building. 4 Smoke Detectors.													
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature 					Typed Name and Title <i>Victoria Dennis</i>					Date <i>3-21-18</i>			
10. HOUSING INSPECTED BY: Joyce Hahn													
Signature of Authorized Official 					Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>					Date <i>3-21-18</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official 					Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>					Date <i>3-21-18</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC</b> 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION <b>3319 Hwy 00</b> <b>Farmington, MO 63640</b>					3. HOUSING DESCRIPTION <b>Building #2 Kitchen and Shower Facilities</b> <b>22X55 feet</b>						
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
<b>7. FACILITIES (Number of each)</b>								<b>5. CAPACITY (Adults) Seats 32</b> <b>6. REGULATIONS COMPLIANCE ("x" proper box)</b>			
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
5	----	----	5	5							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
--	--										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 3 ABC Dry							
6	6	2	2								
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations. 4 picnic tables, large area for preparing food 5 kitchen sinks											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title <b>Victoria Dennis</b>				Date <b>3-21-18</b>		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn					Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-21-18</b>		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-21-18</b>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC</b> 273 Ashley 289 Crossett, AR 71635					
2. HOUSING LOCATION <b>3319 Hwy 00</b> Farmington, MO 63640					3. HOUSING DESCRIPTION <b>Building #3--Kitchen/Shower Facilities</b> 40X40 feet					
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length									
	Width									
	Ceiling Height									
	Square Feet									
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double										
<b>7. FACILITIES (Number of each)</b>								<b>5. CAPACITY (Adults) Seats 104</b> <b>6. REGULATIONS COMPLIANCE ("x" proper box)</b>		
Flush Toilets 8	Privy ----	Urinals ----	Lav. or Washbasins 9	Showerheads 8						
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 5	Refrigerators 6	Garbage containers 2	First-aid Kits 2	Fire Extinguishers (No. & type) 3 ABC Dry						
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations 13 picnic tables, large area for preparing food 8 kitchen sinks										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title <b>Victoria Dennis</b>				Date <b>3-21-18</b>		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-21-18</b>		
<b>11 APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-21-18</b>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635					
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barracks #4  Sleeping Quarters Only					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>		
		1	2	3	4	1	2			3
Length	40							5. CAPACITY (Adults) <i>-40-44</i>		
Width	60							6. REGULATIONS COMPLIANCE (x" proper box)		
Ceiling Height								<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Square Feet								<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms								<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single	<i>18/2</i>							<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double	16							<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>	
No. of Beds or Bunks, Double	16							<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES (Number of each)										
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads					No bathrooms, kitchen or laundry facilities are located in this building.	
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs					kitchen facilities are located in buildings 2 and 3.	
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers (No. & type) 1 ABC Dry					Laundry facilities are located in buildings 6 and 7.	
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building #1. Laundry and kitchen facilities are in close proximity to sleeping quaters (within 100 feet). 3 Fire/Smoke Detectors										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Victoria Dennis</i>			Typed Name and Title <i>Victoria Dennis</i>					Date <i>3-21-18</i>		
10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official <i>Joyce Hahn</i> Typed Name and Title Joyce Hahn, Program Coordinator      Date <i>3-21-18</i>										
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official <i>Joyce Hahn</i> Typed Name and Title Joyce Hahn, Program Coordinator      Date <i>3-21-18</i>										

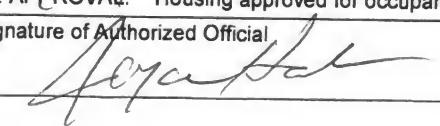
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC</b> 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Barracks #5  Sleeping quarters only				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length	40							5. CAPACITY (Adults) <b>36 43 JH</b>	
Width	60							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms	1	2						<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single	<b>2</b>	<b>7 8</b>						<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double	<b>1 8</b>							<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES (Number of each)								No bathrooms, kitchen or laundry facilities are located in this building.  Kitchen facilities are located in buildings 2 and 3.  Laundry facilities are located in buildings 6 and 7.	
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads					
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers (No. & type) 1 ABC Dry					
8. COMMENTS Inspected using OSHA 191.142 regulations.  Heating is not needed as workers are not working during cold weather.  Wall lockers for all workers on the premises are located in this building.  Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 4 fire/smoke detectors									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title <b>Victoria Dennis</b>				Date <b>3-21-18</b>	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-21-18</b>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-21-18</b>	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635					
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Laundry Facility #6					
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length									
	Width									
	Ceiling Height									
	Square Feet									
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double										
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins	Showerheads						
Bathtubs --	Movable Bathtubs --	Laundry machines 4	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
8. COMMENTS Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title <i>Victoria Dennis</i>				Date <i>3-21-18</i>			
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Laundry Facility #7						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
No. of Beds, Single											
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins		Showerheads						
Bathtubs	Movable Bathtubs --	Laundry machines <i>45</i>	Fixed laundry tubs 1		Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)						
8. COMMENTS											
Inspected using OSHA 1910.142 regulations  Heating is not needed as workers are not working during the cold weather.											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Victoria Dennis</i>				Typed Name and Title <i>Victoria Dennis</i>				Date <i>3-21-18</i>			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>			
11 APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>				Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>3-21-18</i>			

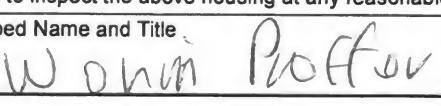
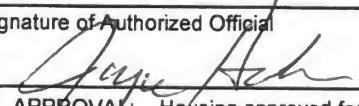
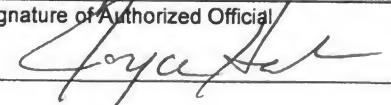
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635							
2. HOUSING LOCATION Family Limited--(Proffer Cattle Company) 920 5 <sup>th</sup> St. Park Hills, MO 63640					3. HOUSING DESCRIPTION Barrack Style Sleeping Area Kitchen/Bath Area							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	39'7									
		Width	63'8									
		Ceiling Height	8									
		Square Feet	2533									
		No. of Rooms	1									
		No. of Beds, Single	36									
No. of Beds or Bunks, Double												
7. FACILITIES (Number of each)								60'7 X 39'7 Recreation and Eating Area				
Flush Toilets	Privy 8	Urinals ----	Lav. or Washbasins 10	Showerheads 8								
Bathtubs	Movable Bathtubs --	Laundry machines 3	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves	Refrigerators 4	Garbage containers 12	First-aid Kits 1	Fire Extinguishers (No. & type) 6								
8. COMMENTS Inspected using OSHA 1910.142 regulations Heating is not needed as workers are at working during cold weather. Lockers available for each worker. 6 picnic tables for eating. 4 smoke/fire detectors.												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Victoria Dennis				Date 3-21-18				
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-21-18				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-21-18				

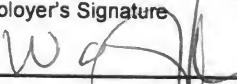
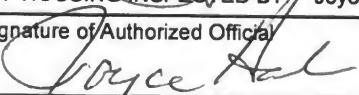
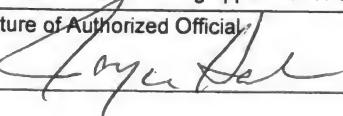
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Building #3--Kitchen/Shower Facilities 40X40 feet						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
8	----	----	9	8							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
--	--										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 3 ABC Dry							
5	6	2	2								
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations 13 picnic tables, large area for preparing food 8 kitchen sinks											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Womina Proffler				Date		
									3-7-17		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date		
									3-7-17		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator				Date		
									3-7-17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635																		
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Laundry Facility #6																		
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b> <table border="1"> <tr> <th>1</th><th>2</th><th>3</th><th>4</th> <th>1</th><th>2</th><th>3</th><th>4</th> </tr> </table>				1	2	3	4	1	2	3	4	<b>b. Family Type</b> <table border="1"> <tr> <th>1</th><th>2</th><th>3</th><th>4</th> </tr> </table>		1	2	3	4				
1	2	3	4	1	2	3	4																
1	2	3	4																				
Length								<b>ES USE ONLY</b>  <b>5. CAPACITY</b> <i>(Adults)</i> <b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i> <table border="1"> <tr> <td>Water</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Electricity</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Site</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Screening</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heating</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Electricity	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Heating	<input checked="" type="checkbox"/>	<input type="checkbox"/>																					
Width																							
Ceiling Height																							
Square Feet																							
No. of Rooms																							
No. of Beds, Single																							
No. of Beds or Bunks, Double																							
<b>7. FACILITIES</b> <i>(Number of each)</i> <table border="1"> <tr> <td>Flush Toilets</td> <td>Privy ----</td> <td>Urinals ----</td> <td>Lav. or Washbasins</td> <td>Showerheads</td> </tr> <tr> <td>Bathtubs --</td> <td>Movable Bathtubs --</td> <td>Laundry machines 4</td> <td>Fixed laundry tubs</td> <td>Movable laundry tubs</td> </tr> <tr> <td>Cook Stoves</td> <td>Refrigerators</td> <td>Garbage containers</td> <td>First-aid Kits</td> <td>Fire Extinguishers <i>(No. &amp; type)</i></td> </tr> </table>									Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins	Showerheads	Bathtubs --	Movable Bathtubs --	Laundry machines 4	Fixed laundry tubs	Movable laundry tubs	Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins	Showerheads																			
Bathtubs --	Movable Bathtubs --	Laundry machines 4	Fixed laundry tubs	Movable laundry tubs																			
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>																			
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.																							
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																							
Employer's Signature 			Typed Name and Title <i>Wanda Proffey</i>			Date <i>3-7-17</i>																	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn Signature of Authorized Official 																							
Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>			Date <i>3-7-17</i>																				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 																							
Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>			Date <i>3-7-17</i>																				

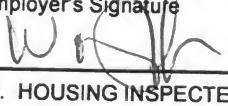
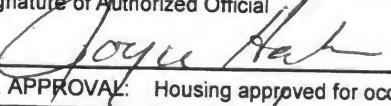
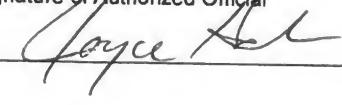
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635					
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Building #2 Kitchen and Shower Facilities 22X55 feet					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>  5. CAPACITY <i>(Adults)</i> Seats 32 6. REGULATIONS COMPLIANCE <i>("x" proper box)</i> Yes No Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>		
		1	2	3	4	1	2		3	4
		Length								
		Width								
		Ceiling Height								
		Square Feet								
		No. of Rooms								
		No. of Beds, Single								
No. of Beds or Bunks, Double										
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
5	----	----	5	5						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
--	--									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i> 3 ABC Dry						
6	6	2	2							
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations. 4 picnic tables, large area for preparing food 5 kitchen sinks										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature			Typed Name and Title			Date				
			Joyce Hahn			3-7-17				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official			Typed Name and Title			Date				
			Joyce Hahn, Program Coordinator			3-7-17				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official			Typed Name and Title			Date				
			Joyce Hahn, Program Coordinator			3-7-17				

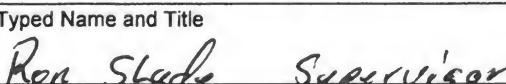
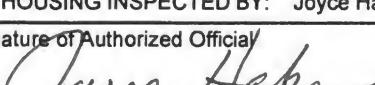
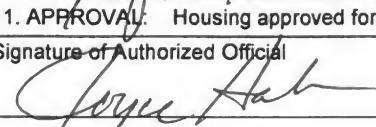
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC #1</b> <b>273 Ashley 289</b> <b>Crossett, AR 71635</b>				
2. HOUSING LOCATION <b>3319 Hwy 00</b> <b>Farmington, MO 63640</b>					3. HOUSING DESCRIPTION <b>Barrack #1</b> <b>Sleeping Quarters Only</b>				
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length	40							5. CAPACITY (Adults) <b>50</b>	
Width	70							6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height								Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Square Feet								Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single								Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	25							Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES (Number of each)</b>								No bathrooms, kitchen or laundry facilities are located in this building.	
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins	Showerheads				Kitchen facilities are located in buildings 2 and 3.	
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs				Laundry facilities are located in buildings 6 and 7.	
Cook Stoves	Refrigerators 1	Garbage containers 3	First-aid Kits 1	Fire Extinguishers (No. & type) <b>4 ABC Dry</b>					
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Lounge area in front of barracks with 2 sinks with portable water. Wall lockers for all workers on the premises are located in this building. 4 Smoke Detectors.									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title <b>Wanda Proffor</b>				Date <b>3-7-17</b>	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-7-17</b>	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3-7-17</b>	

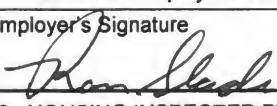
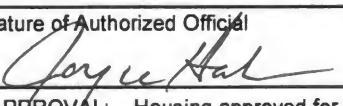
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Laundry Facility #7						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins	Showerheads							
Bathtubs	Movable Bathtubs --	Laundry machines 4	Fixed laundry tubs 1	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title 				Date 3-7-17				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-7-17				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-7-17				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635				
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Barracks #4  Sleeping Quarters Only				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		40							5. CAPACITY <i>(Adults)</i> <b>40</b>
Width		60							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height									<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet									<input checked="" type="checkbox"/> Water <input type="checkbox"/>
No. of Rooms									<input checked="" type="checkbox"/> Electricity <input type="checkbox"/>
No. of Beds, Single		6							<input checked="" type="checkbox"/> Site <input type="checkbox"/>
No. of Beds or Bunks, Double		16							<input checked="" type="checkbox"/> Screening <input type="checkbox"/>
									<input checked="" type="checkbox"/> Heating <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									No bathrooms, kitchen or laundry facilities are located in this building.
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads					kitchen facilities are located in buildings 2 and 3.
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs					Laundry facilities are located in buildings 6 and 7.
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers <i>(No. &amp; type)</i> 1 ABC Dry					
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building #1. Laundry and kitchen facilities are in close proximity to sleeping quaters (within 100 feet). 3 Fire/Smoke Detectors									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title WONIN PROFFA				Date 3-7-17	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-7-17	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-7-17	

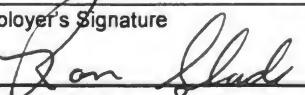
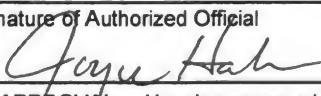
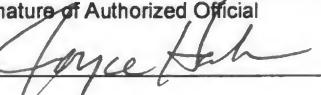
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC</b> 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION <b>Barracks #5</b> Sleeping quarters only						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	40								
		Width	60								
		Ceiling Height									
		Square Feet									
		No. of Rooms	1	2							
		No. of Beds, Single	14	8							
No. of Beds or Bunks, Double	7										
<b>7. FACILITIES</b> <i>(Number of each)</i>										No bathrooms, kitchen or laundry facilities are located in this building.  Kitchen facilities are located in buildings 2 and 3.  Laundry facilities are located in buildings 6 and 7.	
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads							
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers (No. & type) 1 ABC Dry							
<b>8. COMMENTS</b> Inspected using OSHA 191.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building. Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 4 fire/smoke detectors											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title Wonin Pfeffer					Date	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 3-7-17	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 3-7-17	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC #1</b> 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION <b>Family Limited--(Proffer Cattle Company)</b> 920 5 <sup>th</sup> St. Park Hills, MO 63640					3. HOUSING DESCRIPTION <b>Barrack Style Sleeping Area</b> <b>Kitchen/Bath Area</b>						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length	39'7								
		Width	63'8								
		Ceiling Height	8								
		Square Feet	2533								
		No. of Rooms	1								
		No. of Beds, Single	36								
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>										<b>60'7 X 39'7 Recreation and Eating Area</b>	
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
8	----	----	10		8						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
--	--	3									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
4	7	12	1		6						
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations Heating is not needed as workers are at working during cold weather. Lockers available for each worker. 6 picnic tables for eating. 4 smoke/fire detectors.											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title <i>W. Proffer</i>				Date <i>3-7-17</i>			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>3-7-17</i>			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>3-7-17</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Barrack #1  Sleeping Quarters Only						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>		
	1	2	3	4	1	2	3	4			
	Length	40									
	Width	70									
	Ceiling Height										
	Square Feet										
	No. of Rooms										
No. of Beds, Single											
No. of Beds or Bunks, Double	25										
<b>7. FACILITIES</b> <i>(Number of each)</i>								No bathrooms, kitchen or laundry facilities are located in this building.  Kitchen facilities are located in buildings 2 and 3.  Laundry facilities are located in buildings 6 and 7.			
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins		Showerheads						
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
Cook Stoves	Refrigerators 1	Garbage containers 3	First-aid Kits 1		Fire Extinguishers (No. & type) 4 ABC Dry						
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations.  Heating is not needed as workers are not working during cold weather.  Lounge area in front of barracks with 2 sinks with portable water.  Wall lockers for all workers on the premises are located in this building.  <u>4 smoke detectors</u>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title  Supervisor					Date 4-1-16			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator					Date 4-1-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator					Date 4-1-16			

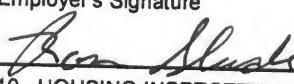
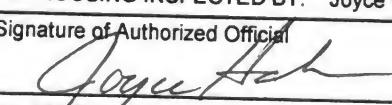
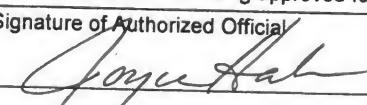
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635				
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Barracks #4 Sleeping Quarters Only				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		40						5. CAPACITY <i>(Adults)</i> <b>40</b>	
Width		60						6. REGULATIONS COMPLIANCE <i>("X" proper box)</i>	
Ceiling Height								Yes      No	
Square Feet								<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms								<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single		6						<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double		16						<input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES</b> <i>(Number of each)</i>								No bathrooms, kitchen or laundry facilities are located in this building.	
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads					kitchen facilities are located in buildings 2 and 3.
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs					Laundry facilities are located in buildings 6 and 7.
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers <i>(No. &amp; type)</i> 1 ABC Dry					
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather. Wall lockers for all workers on the premises are located in this building #1. Laundry and kitchen facilities are in close proximity to sleeping quaters (within 100 feet). 3 Fire/Smoke Detectors									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title <i>Ron Shadec Supervisor</i>				Date <b>4-1-16</b>		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date <b>4-1-16</b>		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date <b>4-1-16</b>		

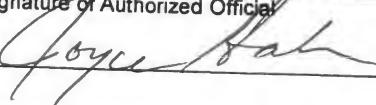
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635					
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Barracks #5  Sleeping quarters only					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	40							5. CAPACITY (Adults)	36
	Width	60							6. REGULATIONS COMPLIANCE ("X" proper box)	Yes      No
	Ceiling Height								Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Square Feet								Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Rooms	1	2						Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	14	8						Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double	7							Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES</b> (Number of each)									No bathrooms, kitchen or laundry facilities are located in this building.  Kitchen facilities are located in buildings 2 and 3.  Laundry facilities are located in buildings 6 and 7.	
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins 2	Showerheads						
Bathtubs --	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits 2	Fire Extinguishers (No. & type) 1 ABC Dry						
<b>8. COMMENTS</b> Inspected using OSHA 191.142 regulations.  Heating is not needed as workers are not working during cold weather.  Wall lockers for all workers on the premises are located in this building.  Laundry and kitchen facilities are in close proximity to sleeping quarters (within 100 feet). 4 fire/smoke detectors										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Ron Slade Supervisor				Date 4-1-16		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-1-16		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-1-16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635			
2. HOUSING LOCATION 3319 Hwy 00 Farmington, MO 63640					3. HOUSING DESCRIPTION Building #2 Kitchen and Shower Facilities 22X55 feet			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		ES USE ONLY
		1	2	3	4	1	2	
Length								5. CAPACITY (Adults) Seats 32
Width								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height								Yes      No
Square Feet								Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single								Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
5	----	----	5	5				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
--	--							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 3 ABC Dry				
6	6	2	2					
8. COMMENTS Inspected using OSHA 1910.142 regulations. 4 picnic tables, large area for preparing food 5 kitchen sinks								
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature 			Typed Name and Title Ron Slade Supervisor			Date 4-1-16		
10. HOUSING INSPECTED BY: Joyce Hahn								
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-1-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-1-16		

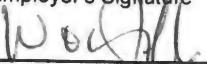
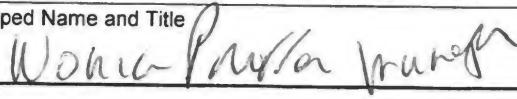
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635						
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Building #3--Kitchen/Shower Facilities 40X40 feet						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy 8	Urinals ----	Lav. or Washbasins 9	Showerheads 8							
Bathtubs	Movable Bathtubs --	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators 5	Garbage containers 6	First-aid Kits 2	Fire Extinguishers <i>(No. &amp; type)</i> 3 ABC Dry							
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations 13 picnic tables, large area for preparing food 8 kitchen sinks											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title				Date				
<i>Ron Slade</i>			<i>Ron Slade Supervisor</i>				4-1-16				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official			Typed Name and Title				Date				
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				4-1-16				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title				Date				
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				4-1-16				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635				
<b>2. HOUSING LOCATION</b> 3319 Hwy 00 Farmington, MO 63640					<b>3. HOUSING DESCRIPTION</b> Laundry Facility #6				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length									
Width									
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double									
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins		Showerheads				
Bathtubs	Movable Bathtubs --	Laundry machines 4	Fixed laundry tubs		Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>				
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations Heating is not needed as workers are not working during the cold weather.									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title				Date		
<i>Ron Slade</i>			<i>Ron Slade</i>				4-16		
10. HOUSING INSPECTED BY: Joyce Hahn			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				4-1-16		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				4-1-16		

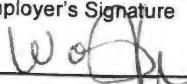
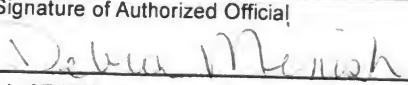
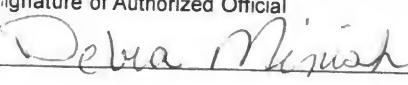
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC</b> 273 Ashley 289 Crossett, AR 71635				
2. HOUSING LOCATION <b>3319 Hwy 00</b> Farmington, MO 63640					3. HOUSING DESCRIPTION <b>Laundry Facility #7</b>				
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length									
Width									
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double									
7. FACILITIES <i>(Number of each)</i>									
Flush Toilets	Privy ----	Urinals ----	Lav. or Washbasins		Showerheads				
Bathtubs --	Movable Bathtubs --	Laundry machines <b>4</b>	Fixed laundry tubs <b>1</b>		Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>				
8. COMMENTS <p>Inspected using OSHA 1910.142 regulations</p> <p>Heating is not needed as workers are not working during the cold weather.</p>									
9. EMPLOYER'S CERTIFICATION: <p>I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.</p>									
Employer's Signature 			Typed Name and Title <i>Ron Slade Supervisor</i>				Date <b>4-1-16</b>		
10. HOUSING INSPECTED BY: Joyce Hahn			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <b>4-1-16</b>		
Signature of Authorized Official 			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <b>4-1-16</b>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 									
			Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <b>4-H6</b>		

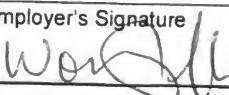
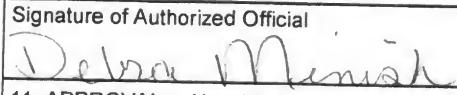
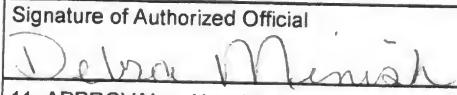
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635					
2. HOUSING LOCATION Family Limited--(Proffer Cattle Company) 920 5 <sup>th</sup> St. Park Hills, MO 63640					3. HOUSING DESCRIPTION Barrack Style Sleeping Area Kitchen/Bath Area					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY		
		1	2	3	4	1	2	3	4	
Length		39'7								5. CAPACITY (Adults) 36
Width		63'8								6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height		8								Yes      No
Square Feet		2533								Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		36								Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)										60'7 X 39'7 Recreation and Eating Area
Flush Toilets 8	Privy ----	Urinals ----	Lav. or Washbasins 10	Showerheads 8						
Bathtubs --	Movable Bathtubs --	Laundry machines 3	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 4	Refrigerators 7	Garbage containers 12	First-aid Kits 1	Fire Extinguishers (No. & type) 6						
8. COMMENTS										
Inspected using OSHA 1910.142 regulations										
Heating is not needed as workers are at working during cold weather.										
Lockers available for each worker.										
6 picnic tables for eating. 4 smoke/fire detectors.										
9. EMPLOYER'S CERTIFICATION:										
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature					Typed Name and Title					Date
										4-1-16
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date
										4-1-16
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date
										4-1-16

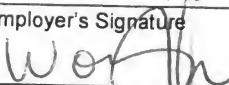
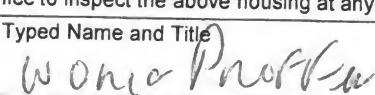
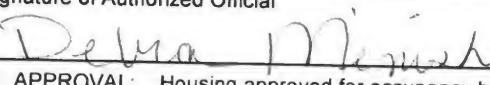
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635					
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack Style Housing #1 Sleeping Quarters Only					
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
	Length	40							5. CAPACITY <i>(Adults)</i> <b>50</b>	
	Width	70							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
	Ceiling Height								<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Square Feet								<input checked="" type="checkbox"/>	<input type="checkbox"/>
	No. of Rooms	1	1	1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double	9	11	5					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES <i>(Number of each)</i>								No bathrooms, kitchen or laundry facilities are located in this building  Kitchen facilities are located in buildings 2 and 3  Laundry facilities are located in buildings 6 and 7.		
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i> 4 ABC Dry					
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather Lounge area in front of barracks with 2 sinks with potable water. Wall lockers for all workers on the premises are located in this building.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>Worley Pfeffer</i>			Typed Name and Title <i>Worley Pfeffer</i>				Date 4/6/2015			
10. HOUSING INSPECTED BY: Signature of Authorized Official <i>Debra Minish</i> Typed Name and Title <i>Debra Minish, State Monitor Advocate</i> Date 4/6/2015										
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official <i>Debra Minish</i> Typed Name and Title <i>Debra Minish, State Monitor Advocate</i> Date 4/6/2015										

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Building # 2 - Kitchen and Shower Facilities 28 x 55 Feet						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets  5	Privy	Urinals	Lav. or Washbasins  5	Showerheads  5							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves  6	Refrigerators  56	Garbage containers  2	First-aid Kits  1	Fire Extinguishers (No. & type)  3 ABC Dry							
8. COMMENTS Inspected using OSHA 1910.142 regulations. 4 picnic tables, large area for preparing food											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature  			Typed Name and Title  				Date 4/6/2015				
10. HOUSING INSPECTED BY: Signature of Authorized Official Debra Minish, State Monitor Advocate											
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Debra Minish, State Monitor Advocate											

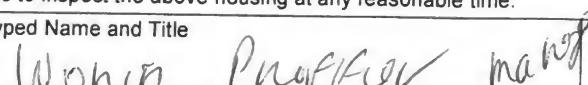
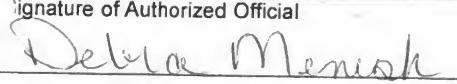
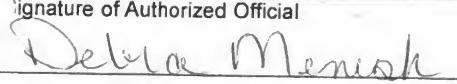
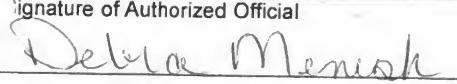
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC #1</b> 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Building # 3 - Kitchen and Shower Facilities 40 x 40 Feet						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
8			8 9	8							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
5	5 b	2	2	3 2 ABC Dry							
8. COMMENTS Inspected using OSHA 1910.142 regulations. 13 picnic tables, large area for preparing food											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title				Date				
<i>Wonic</i>			<i>Wonic Proffek mark</i>				4/6/2015				
10. HOUSING INSPECTED BY:											
Signature of Authorized Official			Typed Name and Title				Date				
<i>Debra Minish</i>			<i>Debra Minish, State Monitor Advocate</i>				4/6/2015				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title				Date				
<i>Debra Minish</i>			<i>Debra Minish, State Monitor Advocate</i>				4/6/2015				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack Style Housing #4 Sleeping Quarters Only						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length	40								
		Width	60								
		Ceiling Height									
		Square Feet									
		No. of Rooms									
No. of Beds, Single	6										
No. of Beds or Bunks, Double	16										
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	2	Showerheads	No bathrooms, kitchen or laundry facilities are located in this building					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	2							
8. COMMENTS											
Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather Laundry and Kitchen facilities are close proximity to sleeping quarters (within 100 feet). Wall lockers for all workers on the premises are located in building 1.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Wanda Proffitt				Date			
								4/6/2015			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 				Typed Name and Title Debra Minish, State Monitor Advocate				Date			
								4/6/2015			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Debra Minish, State Monitor Advocate				Date			
								4/6/2015			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635							
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Barrack Style Housing #5 Sleeping Quarters Only							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>  5. CAPACITY (Adults) <i>36</i> 6. REGULATIONS COMPLIANCE ("x" proper box)		
		1	2	3	4	1	2	3	4			
		Length	40									
		Width	60									
		Ceiling Height										
		Square Feet										
		No. of Rooms	<i>1</i>	<i>2</i>								
		No. of Beds, Single	<i>14</i>	<i>8</i>								
No. of Beds or Bunks, Double	<i>7</i>											
7. FACILITIES (Number of each)										No bathrooms, kitchen or laundry facilities are located in this building		
Flush Toilets	Privy	Urinals	Lav. or Washbasins	<i>2</i>							Kitchen facilities are located in buildings 2 and 3	
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs								Laundry facilities are located in buildings 6 and 7.	
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	<i>2</i>								
8. COMMENTS Inspected using OSHA 1910.142 regulations.										<i>4 smoke detectors</i>		
Heating is not needed as workers are not working during cold weather Laundry and Kitchen facilities are close proximity to sleeping quarters (within 100 feet). Wall lockers for all workers on the premises are located in building 1.												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 					Typed Name and Title <i>Wanda Parker Mawer</i>					Date <i>4/6/2015</i>		
10. HOUSING INSPECTED BY: Signature of Authorized Official 												
Signature of Authorized Official 					Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>					Date <i>4/6/2015</i>		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 												
Signature of Authorized Official 					Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>					Date <i>4/6/2015</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC #1</b> 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Building # 6 - Laundry facility						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>  5. CAPACITY (Adults) 6. REGULATIONS COMPLIANCE ("X" proper box)	
		1	2	3	4	1	2	3	4		
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	4	Fixed laundry tubs	1	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)						
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title 				Date 4/6/2015			
10. HOUSING INSPECTED BY: Signature of Authorized Official  Typed Name and Title Debra Minish, State Monitor Advocate											
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official  Typed Name and Title Debra Minish, State Monitor Advocate											

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC #1 273 Ashley 289 Crossett, AR 71635						
2. HOUSING LOCATION 3319 Highway OO Farmington, MO 63640					3. HOUSING DESCRIPTION Building # 7 - Laundry facility						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length									
		Width									
		Ceiling Height									
		Square Feet									
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double											
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	4	Fixed laundry tubs	1	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
8. COMMENTS Inspected using OSHA 1910.142 regulations. Heating is not needed as workers are not working during cold weather											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>Wanda Pioffer</i>			Typed Name and Title <i>Wanda Pioffer</i>				Date				
							4/6/2015				
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>				Date				
							4/6/2015				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>				Date				
							4/6/2015				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Royal C Farms, LLC #1</b> 273 Ashley 289 Crossett, AR 71635																																		
2. HOUSING LOCATION 920 5 <sup>th</sup> St. Park Hills, MO 63640					3. HOUSING DESCRIPTION Barrack Style Sleeping Area Kitchen/Bath Area																																		
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>  5. CAPACITY <i>(Adults)</i> <b>36</b> 6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>																													
		1	2	3	4	1	2	3	4																														
		Length	39.7																																				
		Width	63.8																																				
		Ceiling Height	8																																				
		Square Feet	2533																																				
		No. of Rooms	1																																				
		No. of Beds, Single	36																																				
No. of Beds or Bunks, Double																																							
7. FACILITIES <i>(Number of each)</i> <table border="1"> <tr> <td>Flush Toilets</td><td>Privy</td><td>Urinals</td><td>Lav. or Washbasins</td><td>Showerheads</td> </tr> <tr> <td>8</td><td></td><td></td><td>10</td><td>8</td> </tr> <tr> <td>Bathtubs</td><td>Movable Bathtubs</td><td>Laundry machines</td><td>Fixed laundry tubs</td><td>Movable laundry tubs</td> </tr> <tr> <td></td><td></td><td>4</td><td>4</td><td></td> </tr> <tr> <td>Cook Stoves</td><td>Refrigerators</td><td>Garbage containers</td><td>First-aid Kits</td><td>Fire Extinguishers <i>(No. &amp; type)</i></td> </tr> <tr> <td>4</td><td>4</td><td>12</td><td>1</td><td>6</td> </tr> </table>										Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads	8			10	8	Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs			4	4		Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>	4	4	12	1	6
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads																																			
8			10	8																																			
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs																																			
		4	4																																				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>																																			
4	4	12	1	6																																			
8. COMMENTS Inspected using OSHA 1910.142 regulations. <b>4 smoke detectors</b> Heating is not needed as workers are not working during cold weather Lockers available for each worker <b>6 picnic tables for eating</b>																																							
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																							
Employer's Signature 					Typed Name and Title 																																		
					Date <b>4/6/2015</b>																																		
10. HOUSING INSPECTED BY: <table border="1"> <tr> <td>Signature of Authorized Official   </td> <td>Typed Name and Title  <b>Debra Minish, State Monitor Advocate</b></td> <td>Date  <b>4/6/2015</b> </td> </tr> </table>										Signature of Authorized Official 	Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>	Date <b>4/6/2015</b>																											
Signature of Authorized Official 	Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>	Date <b>4/6/2015</b>																																					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. <table border="1"> <tr> <td>Signature of Authorized Official   </td> <td>Typed Name and Title  <b>Debra Minish, State Monitor Advocate</b></td> <td>Date  <b>4/6/2015</b> </td> </tr> </table>										Signature of Authorized Official 	Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>	Date <b>4/6/2015</b>																											
Signature of Authorized Official 	Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>	Date <b>4/6/2015</b>																																					

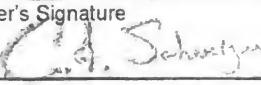
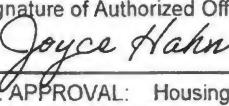
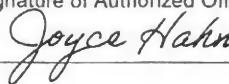
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733				
2. HOUSING LOCATION 513 Chapin Drive Unit A Clinton, MO 64733					3. HOUSING DESCRIPTION Apartment				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		9' 11	10	11' 5					
Width		10' 11	9' 4	9' 11					
Ceiling Height		8	8	8					
Square Feet		92.10	91.11	10.57	76.11				
No. of Rooms		*							
No. of Beds, Single									
No. of Beds or Bunks, Double		1 BIL	1 BIL	1 BIL					
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1 ABC					
8. COMMENTS 1 Dishwasher									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>J. Rouse</i>					Typed Name and Title			Date 4-4-16	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-4-16	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-4-16	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733						
2. HOUSING LOCATION 513 Chapin Drive Unit B Clinton, MO 64733					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>  5. CAPACITY (Adults) <b>7</b> 6. REGULATIONS COMPLIANCE ("x" proper box) Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>			
		1	2	3	4	1	2			3	4
		Length	9'11	11'5	10						
		Width	10'11	12'7	9'11						
		Ceiling Height	8	8	8						
		Square Feet	92.10	146.05	91.10						
		No. of Rooms									
No. of Beds, Single		1									
No. of Beds or Bunks, Double	1	1	1								
7. FACILITIES (Number of each)											
Flush Toilets  2	Privy	Urinals	Lav. or Washbasins	Showerheads  2							
Bathtubs  1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves  1	Refrigerators  1	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 ABC							
8. COMMENTS 1 Dishwasher											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title			Date 4-4-16					
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-4-16					
11 APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator			Date 4-4-16					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733						
2. HOUSING LOCATION 111 S. 4 <sup>th</sup> Street Apt. 3A Clinton, MO 64735					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
Length		10'6	12'6								
Width		12	13'2								
Ceiling Height		8	8								
Square Feet		1272	166.32								
No. of Rooms											
No. of Beds, Single			1								
No. of Beds or Bunks, Double		1 BK	1 BK								
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
1				1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	1 ABC							
8. COMMENTS <i>Dishwasher Dryer</i>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Joyce Hahn				Date 4-4-16			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-4-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-4-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733				
2. HOUSING LOCATION 111 S. 4 <sup>th</sup> Street Apt. 1B Clinton, MO 64735					3. HOUSING DESCRIPTION Apartment				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		11'9	13						
Width		10'2	12'2						
Ceiling Height		8	8						
Square Feet		121.38	158.6						
No. of Rooms									
No. of Beds, Single			1						
No. of Beds or Bunks, Double		1 BK	1 BK						
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
1					1				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)				
1	1	1	1		1 ABC				
8. COMMENTS  Dishwasher Dryer									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title				Date 4-4-16		
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-4-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 4-4-16		

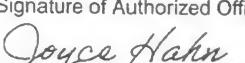
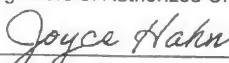
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Signet Builders, Inc. 535 NW 1250 Chilhowee, MO 64733						
2. HOUSING LOCATION 111 S. 4 <sup>th</sup> Street Apt. 1C Clinton, MO 64735					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length	11'5"	13'2"							
		Width	14'1"	10'7"							
		Ceiling Height	8'	8'							
		Square Feet	162.15	140.24							
		No. of Rooms									
No. of Beds, Single	1										
No. of Beds or Bunks, Double	1 ABC	1 ABC									
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
/				/							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
/		/									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>		1 ABC					
/	/	/	/								
8. COMMENTS <i>Dryer</i> <i>Dishwasher</i>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time...											
Employer's Signature 				Typed Name and Title Joyce Hahn				Date	4-4-16		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date	4-4-16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date	4-4-16		

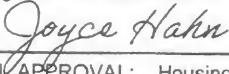
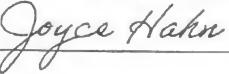
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485			
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #1			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>
		1	2	3	4	1	2	
Length	25.8							5. CAPACITY (Adults) 5
Width	11.2							6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8							Yes      No
Square Feet	288.96							Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single	5							Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double								Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)								
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 abc				
8. COMMENTS Large dumpster on site. Washer and dryer on site. Clothes line on site.								
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.								
Employer's Signature 			Typed Name and Title Cory Schweizer				Date 5/9/18	
10. HOUSING INSPECTED BY:								
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.								
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485					
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #22					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>		
		1	2	3	4	1	2			3
Length	25.8							5. CAPACITY (Adults) 5		
Width	11.2							6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height	8							<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Square Feet	288.96							<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Rooms	1							<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds, Single	5							<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Beds or Bunks, Double								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 1 abc						
8. COMMENTS Large dumpster on site. Washer and dryer on site. Clothes line on site.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Cory Schweizer, CEO				Date 5/9/18		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 5/9/18		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>				1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485				3. HOUSING DESCRIPTION Trailer #3						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length	25.6								
	Width	11.2								
	Ceiling Height	8								
	Square Feet	286.72								
	No. of Rooms	1								
No. of Beds, Single	5									
No. of Beds or Bunks, Double										
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
		1	1	1 abc						
8. COMMENTS Large dumpster on site. Washer and dryer on site. Clothes line on site.										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Cory Schweizer, CEO				Date		
								5/9/18		
10. HOUSING INSPECTED BY:										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date		
								5/9/18		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date		
								5/9/18		

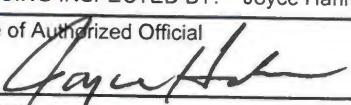
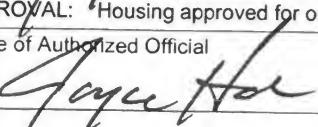
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485						
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Trailer #4						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY  5. CAPACITY (Adults) 5  6. REGULATIONS COMPLIANCE ("X" proper box) Yes No  Water <input checked="" type="checkbox"/> <input type="checkbox"/> Electricity <input checked="" type="checkbox"/> <input type="checkbox"/> Site <input checked="" type="checkbox"/> <input type="checkbox"/> Screening <input checked="" type="checkbox"/> <input type="checkbox"/> Heating <input checked="" type="checkbox"/> <input type="checkbox"/>			
		1	2	3	4	1	2			3	4
		Length	25.6								
		Width	11.2								
		Ceiling Height	8								
		Square Feet	286.72								
		No. of Rooms	1								
		No. of Beds, Single	5								
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc							
8. COMMENTS Large dumpster on site. Washer and dryer on site. Clothes line on site.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature <i>C.4. Schweizer</i>			Typed Name and Title Cory Schweizer, CEO					Date 5/9/18			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18			

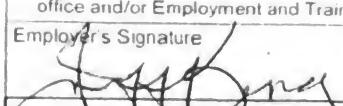
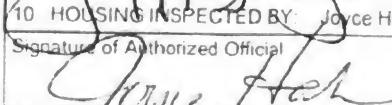
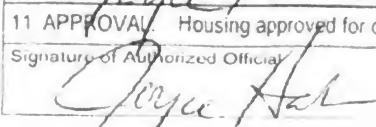
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485					
<b>2. HOUSING LOCATION</b> 7419 CO RD 432 Savannah, MO 64485					<b>3. HOUSING DESCRIPTION</b> Cafeteria					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4	
Length										5. CAPACITY <i>(Adults)</i>
Width										6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height										Yes      No
Square Feet										Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
										Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
2	1	2	1	1 abc						
<b>8. COMMENTS</b> Large dumpster on site. Picnic tables on site.										
4 tables & chairs		Smoke alarm								
2 sinks										
2 stoves										
3 door cooler										
freezer										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 					Typed Name and Title Cory Schweizer CEO					Date 5/9/18
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator					Date 5/9/18

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schweizer Orchards 7419 CO RD 432 Savannah, MO 64485				
2. HOUSING LOCATION 7419 CO RD 432 Savannah, MO 64485					3. HOUSING DESCRIPTION Shower/Lavatory				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length									
Width									
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double									
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
6		2	2	6					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 2 abc					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Cory Schweizer, CEO				Date	
								5/9/18	
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date	
								5/9/18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date	
								5/9/18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC 5609 N. Blue Valley Rd Independence, MO 64058						
2. HOUSING LOCATION 36305 E. Bone Hill Rd. Sibley, MO 64088					3. HOUSING DESCRIPTION Single Family Frame House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				13'6	15'2				
		Width				12'9	12'1				
		Ceiling Height				9	9				
		Square Feet				172	183				
		No. of Rooms									
		No. of Beds, Single									
No. of Beds or Bunks, Double				2	3						
7. FACILITIES (Number of each)											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1							
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 2	Fire Extinguishers (No. & type) 2							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title <i>Jeff King General Mgr</i>				Date <i>12-12-18</i>			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Workforce Specialist IV</i>				Date <i>12-12-18</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn, Workforce Specialist IV</i>				Date <i>12-18-18</i>			

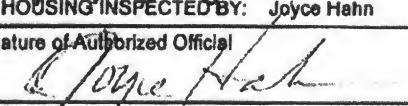
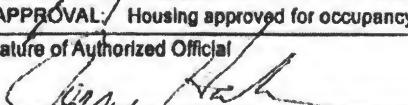
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC 5609 N. Blue Valley Rd. Independence, MO 64058						
2. HOUSING LOCATION 22309 Blue Mills Rd. Independence, MO 64058					3. HOUSING DESCRIPTION Single family house						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length		12'1	12'1	9'11					5. CAPACITY (Adults) <b>10</b>		
Width		16'8	9'5	9'10					6. REGULATIONS COMPLIANCE ("X" proper box)		
Ceiling Height		8	8	8					Yes	No	
Square Feet		203	114	8					<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms		1	1	1					<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single									<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double		2	2	1					<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>	
Heating									<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1							
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 2	Fire Extinguishers (No. & type) 2 ABC							
8. COMMENTS											
<p>NO laundry facilities. Transportation will be provided for laundry + groceries.</p>											
9. EMPLOYER'S CERTIFICATION:											
<p>I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.</p>											
Employer's Signature <i>Jeff King</i>			Typed Name and Title <i>Jeff King General Mgr</i>				Date <i>12-18-18</i>				
10. HOUSING INSPECTED BY:											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>12-18-18</i>				
11 APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>			Typed Name and Title Joyce Hahn, Program Coordinator				Date <i>12-18-18</i>				

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2. HOUSING LOCATION 21704 E. Old Atherton Independence, MO 64058					3. HOUSING DESCRIPTION Single Family House							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	23'5	25	10'6	13'6	23'6					
		Width	29	23'4	12'6	12'7	12'11					
		Ceiling Height	10	10	8	8	8					
		Square Feet	679	583	134	173	285					
		No. of Rooms										
No. of Beds, Single												
No. of Beds or Bunks, Double	4	5	2	2	2							
7. FACILITIES (Number of each)												
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8. COMMENTS Laundry facilities in Buckner-5 miles 3 microwaves												
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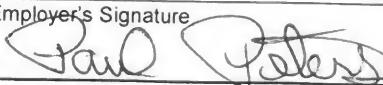
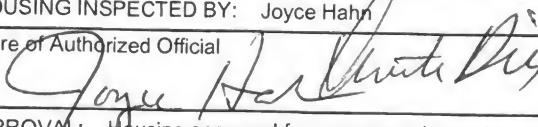
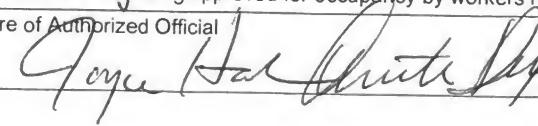
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	1	2	3	4	1	2	3	4		
	Length				13'6	15'2				
	Width				12'9	12'1				
	Ceiling Height				9	9				
	Square Feet				172	183				
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double				2	3					
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	1	2	2						
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature			Typed Name and Title				Date			
			Jeff King - General Manager				12-21-16			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official			Typed Name and Title				Date			
			Joyce Hahn, Workforce Specialist IV				12-21-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited Interstate.										
Signature of Authorized Official			Typed Name and Title				Date			
			Joyce Hahn, Workforce Specialist IV				12-21-16			

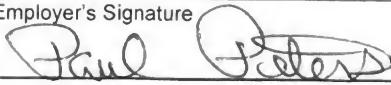
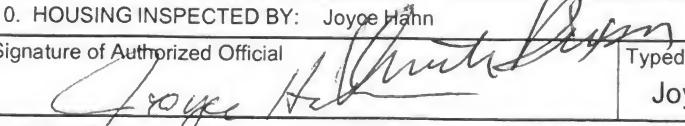
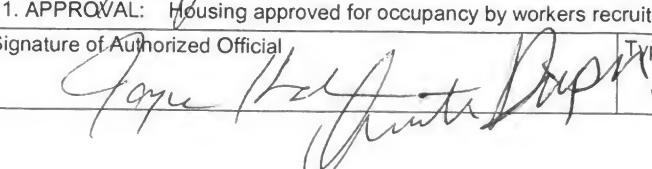
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Schwope Brothers Tree Farms, LLC</b> 5609 N. Blue Valley Road Independence, MO 64058						
2. HOUSING LOCATION <b>21704 E. Old Atherton</b> Independence, MO 64058					3. HOUSING DESCRIPTION <b>Single Family Frame House</b>						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		23'5	25'	10'6	13'6					5. CAPACITY <i>(Adults)</i> <b>26</b>	
Width		29'	23'4	12'6	12'7					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height		10	10	8	8					Yes	No
Square Feet		679	583	134	173					<input checked="" type="checkbox"/> Water	<input type="checkbox"/>
No. of Rooms										<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>
No. of Beds, Single										<input checked="" type="checkbox"/> Site	<input type="checkbox"/>
No. of Beds or Bunks, Double		4	5	2	2					<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
4			3		5						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>						
5	5	3	6		6						
8. COMMENTS											
Laundry facilities in Buckner - 5 miles 3 microwaves											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
<i>Jeff King</i>					<i>Jeff King General Manager</i>					<i>1/5/16</i>	
10. HOUSING INSPECTED BY:											
Signature of Authorized Official					Typed Name and Title					Date	
<i>Debra Minish</i>					<i>Debra Minish, State Monitor Advocate</i>					<i>1-5-16</i>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official					Typed Name and Title					Date	
<i>Debra Minish</i>					<i>Debra Minish, State Monitor Advocate</i>					<i>1-5-16</i>	

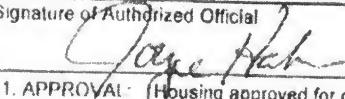
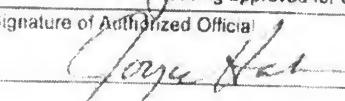
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Schwope Brothers Tree Farms, LLC</b> 5609 N. Blue Valley Road Independence, MO 64058						
2. HOUSING LOCATION 36305 E. Bone Hill Rd. Sibley, MO 64088					3. HOUSING DESCRIPTION Single Family Frame House						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				13'6	15'2				
		Width				12'9	12'1				
		Ceiling Height				9'	9				
		Square Feet				172	183				
		No. of Rooms				2	3				
		No. of Beds, Single									
No. of Beds or Bunks, Double											
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	1	Showerheads	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	2	Fire Extinguishers (No. & type)	2					
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title <b>Jeff King General Manager</b>			Date <b>1/5/14</b>			
10. HOUSING INSPECTED BY:											
Signature of Authorized Official 					Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>			Date <b>1-5-16</b>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title <b>Debra Minish, State Monitor Advocate</b>			Date <b>1-5-16</b>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844							
2. HOUSING LOCATION 21531 State Hwy N Waverly, MO 64096					3. HOUSING DESCRIPTION Housing #1 Barracks Style							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY		
		1	2	3	4	1	2	3	4			
		Length	21'9	21'9	21'9	21'9						
		Width	11'8	11'8	11'8	11'8						
		Ceiling Height										
		Square Feet	258	258	258	258						
		No. of Rooms										
		No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2	2								
7. FACILITIES (Number of each)												
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 4	Showerheads 2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4	Fire Extinguishers (No. & type) 4								
8. COMMENTS												
Lock boxes provided. <i>stove</i> Bused to grocery store once a week. <i>2 mattresses</i> Bused to do laundry once a week.												
9. EMPLOYER'S CERTIFICATION:												
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 		Typed Name and Title <i>Paul Peters</i>				Date <i>7/11/18</i>						
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official 		Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>7/11/18</i>						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 		Typed Name and Title <i>Joyce Hahn, Program Coordinator</i>				Date <i>7/11/18</i>						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844							
2. HOUSING LOCATION 21531 State Hwy N Waverly, MO 64096 Housing #2					3. HOUSING DESCRIPTION Barracks Style							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type			<b>ES USE ONLY</b>			
		1	2	3	4	1	2	3			4	
		Length	15'6	15'6	15'6	15'6						
		Width	15'4	15'4	15'4	15'4						
		Ceiling Height										
		Square Feet	240	240	240	240						
		No. of Rooms										
No. of Beds, Single												
No. of Beds or Bunks, Double	2	2	2	2								
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
2			4	2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)								
4	4	4	4	4								
8. COMMENTS Lock boxes provided. Bused to grocery store once a week. Bused to do laundry once a week.												
<i>replace burner mattress (3 replace)</i>												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature		Typed Name and Title					Date					
<i>Paul Peters</i>		<i>Paul Peters</i>					7/11/18					
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official		Typed Name and Title					Date					
<i>Joyce Hahn</i>		<i>Joyce Hahn, Program Coordinator</i>					7/11/18					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official		Typed Name and Title					Date					
<i>Joyce Hahn</i>		<i>Joyce Hahn, Program Coordinator</i>					7/11/18					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844							
2. HOUSING LOCATION 28373 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION Bunkhouse A							
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	15'3	15'3	15'6	15'3						
		Width	15'5	15'8	15'3	15'5						
		Ceiling Height										
		Square Feet	237	237	239	237						
		No. of Rooms	1	1	1	1						
		No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2	2								
<b>7. FACILITIES</b> <i>(Number of each)</i>												
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves 4	Refrigerators 4	Garbage containers 4	First-aid Kits 4	Fire Extinguishers (No. & type) 4Fire Gone								
<b>8. COMMENTS</b> Transportation provided to laundry mat. Bused to grocery store once a week. Bused to do laundry once a week.												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 		Typed Name and Title Paul Peters			Date 7/11/18							
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn												
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, Program Coordinator			Date 7/11/18							
<b>11. APPROVAL</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 		Typed Name and Title Joyce Hahn, Program Coordinator			Date 7/11/18							

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844					
2. HOUSING LOCATION 28381 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION Bunkhouse B					
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>		
		1	2	3	4	1	2			3
Length		19'3	19'3	19'3	19'3				5. CAPACITY <i>(Adults)</i>	16
Width		11'8	11'8	11'8	11'5				6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	Yes      No
Ceiling Height									Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		228	228	228	222				Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1	1				Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2	2				Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
2				2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
4	4	4	4	4Fire Gone						
8. COMMENTS Lock boxes provided. Bused to grocery store once a week. Bused to do laundry once a week.										
<i>B1 Mattress</i> <i>refrig B6</i>										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature			Typed Name and Title				Date			
			Paul Peters				7/11/18			
10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official			Typed Name and Title				Date			
			Joyce Hahn, Program Coordinator				7/11/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official			Typed Name and Title				Date			
			Joyce Hahn, Program Coordinator				7/11/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC 2721 Sequoyah Dr. Haines City, FL 33844				
2. HOUSING LOCATION 21531 State Hwy N      Housing #1 Waverly, MO 64096					3. HOUSING DESCRIPTION Barracks Style				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type			ES USE ONLY		
		1	2	3	4	1	2	3	4
Length		21'9	21'9	21'9	21'9				
Width		11'8	11'8	11'8	11'8				
Ceiling Height									
Square Feet		258	258	258	258				
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		2	2	2	2				
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2			4	2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 4					
8. COMMENTS									
Lock boxes provided.									
Bused to grocery store once a week.									
Bused to do laundry once a week.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 					Typed Name and Title Paul Peters, Sec			Date 6-20-17	
10. HOUSING INSPECTED BY Joyce Hahn									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 6-20-17	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate									
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, Program Coordinator			Date 6-20-17	

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE  
**EMPLOYER FURNISHED HOUSING AND FACILITIES**  
(See Instructions on Reverse)

1 EMPLOYER'S NAME AND ADDRESS  
**SOL Harvesting LLC**  
2721 Sequoyah Dr.  
Haines City, FL 33844

2 HOUSING LOCATION

21531 State Hwy N  
Waverly, MO 64096 Housing #2

3 HOUSING DESCRIPTION  
**Barracks Style**

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	5. CAPACITY (Adults)	16
Length	15'6	15'6	15'6	15'6					6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Width	15'4	15'4	15'4	15'4					Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Ceiling Height									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	240	240	240	240					Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2						

7. FACILITIES (Number of each)

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
7			4	2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 4
4	4	4	4	

8. COMMENTS

Lock boxes provided.

Bused to grocery store once a week.

Bused to do laundry once a week.

9. EMPLOYER'S CERTIFICATION

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

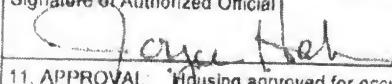
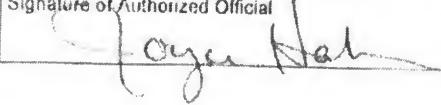
Employer's Signature <i>Paul Peters</i>	Typed Name and Title <i>Paul Peters, Sec.</i>	Date <i>6-20-17</i>
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10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date <i>6-20-17</i>
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11. APPROVAL (Housing approved for occupancy by workers recruited interstate)

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, Program Coordinator	Date <i>6-20-17</i>
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U.S. Department of Labor, Employment and Training Administration <b>U.S. TRAINING AND EMPLOYMENT SERVICE</b> <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>SOL Harvesting LLC</b> <b>2721 Sequoyah Dr.</b> <b>Haines City, FL 33844</b>																																																																																				
<b>2. HOUSING LOCATION</b> 28373 Arbor Lane Malta Bend, MO 65339					<b>3. HOUSING DESCRIPTION</b> Bunkhouse A																																																																																				
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		<b>a. Dormitory Type</b> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td>15'3</td> <td>15'3</td> <td>15'6</td> <td>15'3</td> </tr> <tr> <td>Width</td> <td>15'5</td> <td>15'8</td> <td>15'3</td> <td>15'5</td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td>237</td> <td>237</td> <td>239</td> <td>237</td> </tr> <tr> <td>No. of Rooms</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> </table>				1	2	3	4	Length	15'3	15'3	15'6	15'3	Width	15'5	15'8	15'3	15'5	Ceiling Height					Square Feet	237	237	239	237	No. of Rooms	1	1	1	1	No. of Beds, Single					No. of Beds or Bunks, Double	2	2	2	2	<b>b. Family Type</b> <table border="1"> <tr> <th></th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> </tr> <tr> <td>Length</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Width</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ceiling Height</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Square Feet</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Rooms</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds, Single</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>No. of Beds or Bunks, Double</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	Length					Width					Ceiling Height					Square Feet					No. of Rooms					No. of Beds, Single					No. of Beds or Bunks, Double					<b>ES USE ONLY</b>	
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								<b>5. CAPACITY (Adults)</b> 16																																																																																	
								<b>6. REGULATIONS COMPLIANCE (x "proper box")</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																																																																
								Water	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																
								Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>																																																																																
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<b>8. COMMENTS</b> Transportation provided to laundry mat. Bused to grocery store once a week. Bused to do laundry once a week.																																																																																									
<b>9. EMPLOYER'S CERTIFICATION</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																																																																																									
Employer's Signature 		Typed Name and Title <b>Paul Peters, Sec.</b>			Date <b>6-20-17</b>																																																																																				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn																																																																																									
Signature of Authorized Official 		Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>			Date <b>6-20-17</b>																																																																																				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate																																																																																									
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U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**2. HOUSING LOCATION**

28381 Arbor Lane  
Malta Bend, MO 65339

**1. EMPLOYER'S NAME AND ADDRESS**

SOL Harvesting LLC  
2721 Sequoyah Dr.  
Haines City, FL 33844

**3. HOUSING DESCRIPTION**

Bunkhouse B

**4. SLEEP ROOMS  
(No. & Measures)**

	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4	5. CAPACITY (Adults)	16
Length	19'3	19'3	19'3	19'3					6. REGULATIONS COMPLIANCE ("x" proper box)	Yes No
Width	11'8	11'8	11'8	11'5					Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Ceiling Height									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet	228	228	228	222					Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms	1	1	1	1					Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2						

**7. FACILITIES (Number of each)**

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
2				2
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 4 Fire Gone
4	4	4	4	

**8. COMMENTS**

Lock boxes provided.

Bused to grocery store once a week.

Bused to do laundry once a week.

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Paul Peters, Sec

Date

6-20-17

10. HOUSING INSPECTED BY Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

6-20-17

11. APPROVAL: Housing approved for occupancy by workers recruited interstate

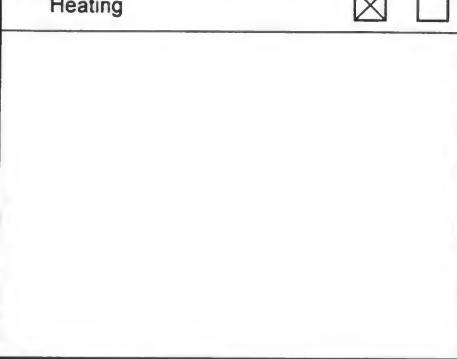
Signature of Authorized Official

Typed Name and Title

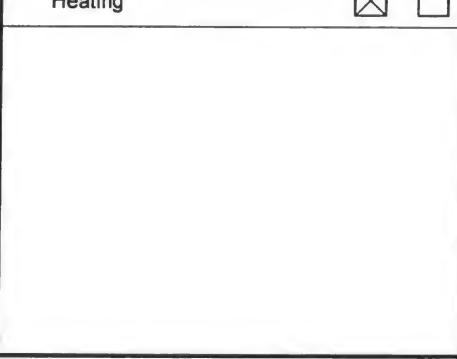
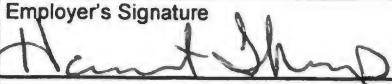
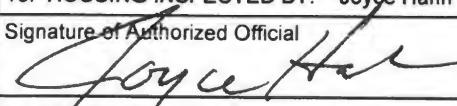
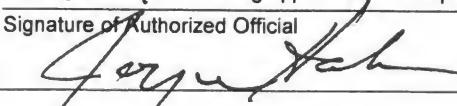
Joyce Hahn, Program Coordinator

Date

6-20-17

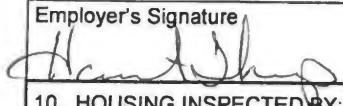
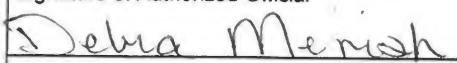
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>SOL Harvesting LLC</b> <b>2721 Sequoyah Dr.</b> <b>Haines City, FL 33844</b>				
<b>2. HOUSING LOCATION</b> 21531 State Hwy N      Housing #1 Waverly, MO 64096					<b>3. HOUSING DESCRIPTION</b> Barracks Style				
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length		21'9	21'9	21'9	21'9				5. CAPACITY <i>(Adults)</i> 16
Width		11'8	11'8	11'8	11'8				6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height									Yes      No
Square Feet		258	258	258	258				Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2	2				Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES (Number of each)</b>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads				
2			4		2				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>				
4	4	4	4		4				
<b>8. COMMENTS</b> Lock boxes provided. <i>Transportation to laundry mat.</i>									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title			Date			
<i>Harriet Sharp</i>			<i>Harriet Thorp</i>			<i>6-23-14</i>			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official			Typed Name and Title			Date			
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator			<i>6-23-14</i>			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title			Date			
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator			<i>6-23-14</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844						
<b>2. HOUSING LOCATION</b> 21531 State Hwy N Waverly, MO 64096 Housing #2					<b>3. HOUSING DESCRIPTION</b> Barracks Style						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>		
	1	2	3	4	1	2	3	4			
	Length	15'6	15'6	15'6	15'6						
	Width	15'4	15'4	15'4	15'4						
	Ceiling Height										
	Square Feet	240	240	240	240						
	No. of Rooms										
No. of Beds, Single											
No. of Beds or Bunks, Double	2	2	2	2							
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2			4	2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
4	4	4	4	4							
<b>8. COMMENTS</b> Lock boxes provided. <i>Transportation to laundry mat.</i>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature			Typed Name and Title				Date				
							6-24-16				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official			Typed Name and Title				Date				
			Joyce Hahn, Program Coordinator				6-24-16				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official			Typed Name and Title				Date				
			Joyce Hahn, Program Coordinator				6-24-16				

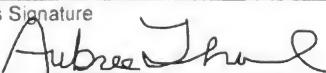
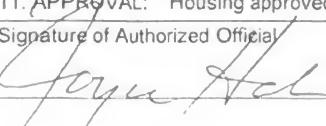
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844						
2. HOUSING LOCATION 28373 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION <b>Bunk House A</b>						
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
Length		15'3	15'3	15'6	15'3					5. CAPACITY <i>(Adults)</i> <b>16</b>	
Width		15'5	15'8	15'3	15'5					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	
Ceiling Height										<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Square Feet		237	237	239	237					<input checked="" type="checkbox"/> Water	<input type="checkbox"/>
No. of Rooms		1	<del>3</del>	1	1					<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>
No. of Beds, Single										<input checked="" type="checkbox"/> Site	<input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	2	2					<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>
										<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i> <b>Fire Gone</b>							
4	4	4	4	4							
8. COMMENTS <b>Transportation provide do laundry</b>											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 					Typed Name and Title <b>Harriet Thorp</b>					Date <b>6-23-16</b>	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 					Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>					Date <b>6-23-16</b>	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 					Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>					Date <b>6-23-16</b>	

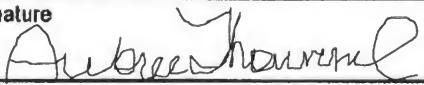
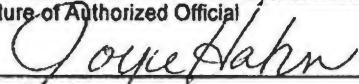
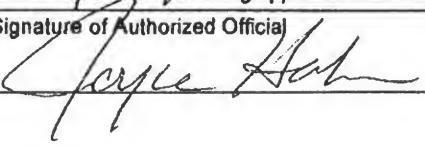
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr. Haines City, FL 33844							
2. HOUSING LOCATION 28381 Arbor Lane Malta Bend, MO 65339					3. HOUSING DESCRIPTION <b>Bunkhouse B</b>							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	19'3	19'3	19'3	19'3						
		Width	11'8	11'8	11'8	11'5						
		Ceiling Height										
		Square Feet	228	228	228	222						
		No. of Rooms	1	1	1	1						
		No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2	2								
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
2				2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) 4 Fire gone								
4	4	4	4									
8. COMMENTS												
Transportation will be provided to do laundry												
9. EMPLOYER'S CERTIFICATION:												
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature			Typed Name and Title				Date					
<i>Hunt Thorp</i>			<i>Harriet Thorp</i>				6-23-16					
10. HOUSING INSPECTED BY: Joyce Hahn												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				6-23-16					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				6-23-16					

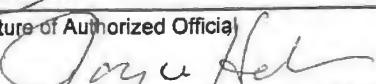
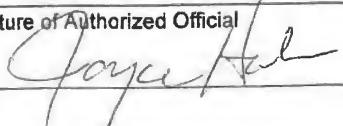
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr Haines City, FL 33844							
2. HOUSING LOCATION 21531 State Hwy N Waverly, MO 64096					3. HOUSING DESCRIPTION Housing 1 Barracks Style							
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	21'9"	21'9"	21'9"	21'9"						
		Width	11'8	11'8	11'8	11'8						
		Ceiling Height										
		Square Feet	258	258	258	258						
		No. of Rooms										
		No. of Beds, Single										
No. of Beds or Bunks, Double	2	2	2	2								
7. FACILITIES (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads								
2			4	2								
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)								
4	4	4	4	4								
8. COMMENTS 1. Transportation to do laundry 2. Lock boxes provided												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature			Typed Name and Title				Date					
			Harriet Thorp				6-23-15					
10. HOUSING INSPECTED BY:												
Signature of Authorized Official			Typed Name and Title				Date					
			Debra Minish, State Monitor Advocate				6/23/15					
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official			Typed Name and Title				Date					
			Debra Minish, State Monitor Advocate				6/23/15					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>SOL Harvesting LLC</b> 2721 Sequoyah Dr Haines City, FL 33844				
<b>2. HOUSING LOCATION</b> 21531 State Hwy N Waverly, MO 64096					<b>3. HOUSING DESCRIPTION</b> Housing 2 Barracks Style				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		3
Length	15'6	15'6	15'6	15'6					5. CAPACITY <i>(Adults)</i> <b>16</b>
Width	15'4	15'4	15'4	15'4					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height									Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Square Feet	240	240	240	240					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single									Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double	2	2	2	2					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2			4	2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>					
4	4	4	4	4					
<b>8. COMMENTS</b> 1. Transportation for laundry will be provided 2. Lock boxes provided									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title			Date			
			Hornet Thorp Food Safety			6-23-15			
<b>10. HOUSING INSPECTED BY:</b>									
Signature of Authorized Official			Typed Name and Title			Date			
			Debra Minish, State Monitor Advocate			6/23/15			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title			Date			
			Debra Minish, State Monitor Advocate			6/23/15			

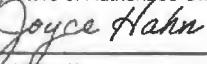
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084				
2. HOUSING LOCATION 10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498				
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length								5. CAPACITY <i>(Adults)</i> 7	
Width								6. REGULATIONS COMPLIANCE <i>("X" proper box)</i>	
Ceiling Height								Yes	No
Square Feet								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double								<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. FACILITIES <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>					
1	1		1	1					
8. COMMENTS Pull type travel trailer.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Aubree Thouvenel, Owner				Date 1/4/19	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1/4/19	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1/4/19	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084					
<b>2. HOUSING LOCATION</b> 10083 Red Ribbon Road Versailles, MO 65084					<b>3. HOUSING DESCRIPTION</b> 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>				
		1	2	3	4			1	2	3
Length										5. CAPACITY <i>(Adults)</i> <b>7</b>
Width										6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet										Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES		(Number of each)								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
1	1		1	1						
<b>8. COMMENTS</b> Pull type travel trailer.										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Aubree Thouvenel, Owner				Date 1-18-18			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-18-18			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate. 										
Signature of Authorized Official			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-18-18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084					
<b>2. HOUSING LOCATION</b> 10083 Red Ribbon Road Versailles, MO 65084					<b>3. HOUSING DESCRIPTION</b> 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length									
	Width									
	Ceiling Height									
	Square Feet									
	No. of Rooms									
No. of Beds, Single										
No. of Beds or Bunks, Double										
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1						
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1						
<b>8. COMMENTS</b> Pull type travel trailer.										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Aubree Thouvenel, Owner				Date 1-19-16			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-19-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, FLC Coordinator				Date 1-19-16			

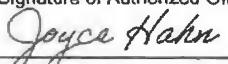
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS 4L Land, LLC 6558 County Road 273 Hannibal, MO 63401				
2. HOUSING LOCATION 5934 County Road 260 Palmyra, MO 63461					3. HOUSING DESCRIPTION 5 Bedroom Farm House				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length					13'10	9'9	14'8	12'9	11'4
Width					7'11	13'10	9'9	11	12'9
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single					1			1	
No. of Beds or Bunks, Double						1	1		1
5. CAPACITY (Adults) 5									
6. REGULATIONS COMPLIANCE ("x" proper box) Yes No									
Water <input checked="" type="checkbox"/> <input type="checkbox"/>									
Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>									
Site <input checked="" type="checkbox"/> <input type="checkbox"/>									
Screening <input checked="" type="checkbox"/> <input type="checkbox"/>									
Heating <input checked="" type="checkbox"/> <input type="checkbox"/>									
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins		Showerheads 1				
Bathtubs 1	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs		Movable laundry tubs				
Cook Stoves 1	Refrigerators 1	Garbage containers 3	First-aid Kits 1		Fire Extinguishers (No. & type) 1abc				
8. COMMENTS 1 dryer Dumpster at farm for disposal of trash.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Amy Lehenbauer, Member			Date 1-23-17		
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-23-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator			Date 1-23-17		

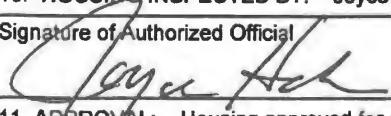
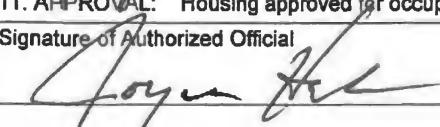
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> 4L Land, LLC 6558 County Road 273 Hannibal, MO 63401				
<b>2. HOUSING LOCATION</b> 5934 County Road 260 Palmyra, MO 63461								<b>3. HOUSING DESCRIPTION</b> 5 Bedroom Farm House				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
Length				13'10	9'9	14'8	12'9	11'4	5. CAPACITY <i>(Adults)</i>		5	
Width				7'11	13'10	9'9	11	12'9	6. REGULATIONS COMPLIANCE <i>("X" proper box)</i>		Yes      No	
Ceiling Height									Water		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet									Electricity		<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms									Site		<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single				1			1		Screening		<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double					1	1		1	Heating		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
1					1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	3	1		1abc							
<b>8. COMMENTS</b> 1 dryer Dumpster at farm for disposal of trash.												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title Joyce Hahn				Date 1-11-18				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-11-18				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-11-18				

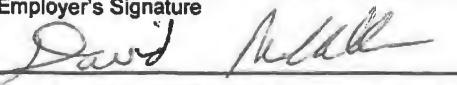
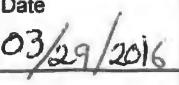
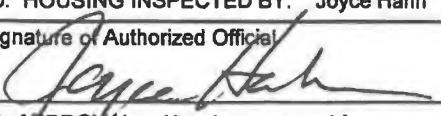
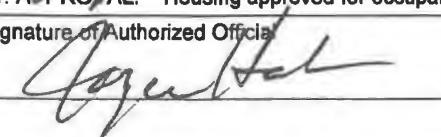
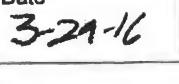
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552				
<b>2. HOUSING LOCATION</b> 305 N. Rubey St. Mason, MO 63552								<b>3. HOUSING DESCRIPTION</b> Large 2 story home Lower Floor				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
Length		12	15'5							5. CAPACITY <i>(Adults)</i> <b>8</b>		
Width		14'7	13'11							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i> Yes No		
Ceiling Height										Water <input checked="" type="checkbox"/> <input type="checkbox"/>		
Square Feet		175.35	215.93							Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>		
No. of Rooms										Site <input checked="" type="checkbox"/> <input type="checkbox"/>		
No. of Beds, Single										Screening <input checked="" type="checkbox"/> <input type="checkbox"/>		
No. of Beds or Bunks, Double		2 bunks	2 bunks							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>		
<b>7. FACILITIES</b> <i>(Number of each)</i>												
Flush Toilets 1	Privy		Urinals	Lav. or Washbasins	Showerheads 1							
Bathtubs 1	Movable Bathtubs		Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1		Garbage containers 1	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 1abc							
<b>8. COMMENTS</b>												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature 				Typed Name and Title David McClellan VP				Date 2/15/18				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/15/18				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 2/15/18				

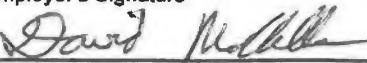
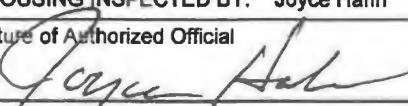
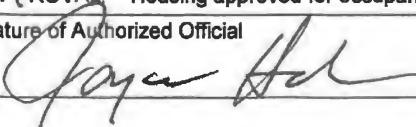
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>A.S. Inc.</b> 1103 Nixon Industrial Blvd Macon, MO 63552					
2. HOUSING LOCATION 305 N. Rubey St Macon, MO 63552					3. HOUSING DESCRIPTION Large 2 story Three bedroom house Upper Floor					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY		
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 8
Length		11.7	13.2						6. REGULATIONS COMPLIANCE ("x" proper box)	
Width		13.3	13.2						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		143	174.5						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double		2	2						Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1				1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) abc						
1	1	1	1							
8. COMMENTS 2 fire escape rope ladders and steps that exit to outside										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>David McLellan</i>			Typed Name and Title <i>VP</i>			Date <i>03/09/2015</i>				
10. HOUSING INSPECTED BY:										
Signature of Authorized Official <i>Debra Minish</i>				Typed Name and Title Debra Minish, State Monitor Advocate			Date 3/9/2015			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Debra Minish</i>				Typed Name and Title Debra Minish, State Monitor Advocate			Date 3/9/2015			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>A.S. Inc.</b> 1103 Nixon Industrial Blvd Macon, MO 63552					
2. HOUSING LOCATION 305 N. Rubey St Macon, MO 63552					3. HOUSING DESCRIPTION Large 2 story Three bedroom house Lower Level					
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY		
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) <i>8</i>
Length		<i>12</i>	<i>15.5</i>						6. REGULATIONS COMPLIANCE ("x" proper box)	
Width		<i>14.7</i>	<i>13.11</i>						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Ceiling Height									Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		<i>175.35</i>	<i>215.9</i>						Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Site <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single									Screening <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>	
7. FACILITIES (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type) <i>1 abd</i>						
8. COMMENTS										
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature <i>David McClellan</i>			Typed Name and Title <i>David McClellan UP</i>			Date <i>03/09/2015</i>				
10. HOUSING INSPECTED BY:										
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>			Date <i>3/9/2015</i>				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title <i>Debra Minish, State Monitor Advocate</i>			Date <i>3/9/2015</i>				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>A.S. Inc.</b> 1102 Nixon Industrial Blvd. Macon, MO 63552						
2. HOUSING LOCATION 305 N. Rubey St. Mason, MO 63552					3. HOUSING DESCRIPTION Large 2 story home Upper Floor						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) <b>8</b>	
		Length	11'7	13'2'						6. REGULATIONS COMPLIANCE ("X" proper box)	
		Width	13'3	13'2						Yes	No
		Ceiling Height								<input checked="" type="checkbox"/> Water	<input type="checkbox"/>
		Square Feet	143	174.50						<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>
		No. of Rooms								<input checked="" type="checkbox"/> Site	<input type="checkbox"/>
No. of Beds, Single								<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>		
No. of Beds or Bunks, Double	2 bunks	2 bunks						<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>		
7. FACILITIES (Number of each)											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1							
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1abc							
8. COMMENTS 2 fire escape rope ladders and steps that exit to outside.											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title <b>David McClellan VP</b>				Date <b>2/15/18</b>				
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>2/15/18</b>				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>2/15/18</b>				

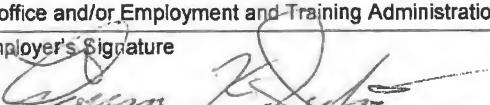
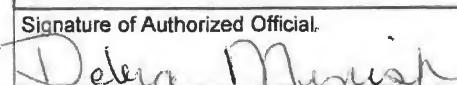
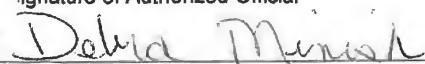
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>A.S. Inc.</b> <b>1102 Nixon Industrial Blvd.</b> <b>Macon, MO 63552</b>				
<b>2. HOUSING LOCATION</b> <b>305 N. Rubey St.</b> <b>Mason, MO 63552</b>					<b>3. HOUSING DESCRIPTION</b> <b>Large 2 story home</b> <b>Lower Floor</b>				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>		<b>b. Family Type</b>		<b>ES USE ONLY</b>			
		1	2	3	4	1	2	3	4
Length		12	15'5						
Width		14'7	13'11						
Ceiling Height									
Square Feet		175.35	215.93						
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		2 bunks	2 bunks						
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>					
1	1	1	1	1abc					
<b>8. COMMENTS</b>									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title <b>David McClellan VP</b>				Date <b>3/10/17</b>	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3/10/17</b>	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>				Date <b>3/10/17</b>	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552				
<b>2. HOUSING LOCATION</b> 305 N. Rubey St. Macon, MO 63552					<b>3. HOUSING DESCRIPTION</b> Large 2 story home Lower Floor				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length		12	15'5					<b>5. CAPACITY</b> <i>(Adults)</i> <b>8</b>	
Width		14'7	13'11					<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>	
Ceiling Height								<input checked="" type="checkbox"/>	<input type="checkbox"/>
Square Feet	175.35	215.93						<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Rooms								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds, Single								<input checked="" type="checkbox"/>	<input type="checkbox"/>
No. of Beds or Bunks, Double	2	2						<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>					
1	1	1	1	1 abc					
<b>8. COMMENTS</b>									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title David McClellan VP				Date 	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn Signature of Authorized Official 									
				Typed Name and Title Joyce Hahn, Program Coordinator				Date 	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 	

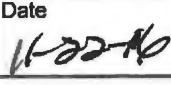
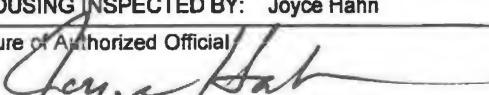
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552						
2. HOUSING LOCATION  305 N. Rubey St. Macon, MO 63552					3. HOUSING DESCRIPTION  Large 2 story home Upper Floor						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4	5. CAPACITY (Adults) 8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length		11'7	13'2						6. REGULATIONS COMPLIANCE ("x" proper box)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Width		13'3	13'2						Water	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Ceiling Height									Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Square Feet		143	174.50						Site	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Rooms									Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single									Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double		2	2								
7. FACILITIES (Number of each)											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1							
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc							
8. COMMENTS  2 fire escape rope ladders and steps that exit to outside.											
9. EMPLOYER'S CERTIFICATION:  I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title David McClellan VP				Date 03/29/2016			
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-29-16			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 3-29-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>AJ&amp;E Container Tree Farm, LLC</b> <b>7393 Hwy N</b> <b>O'Fallon, MO 63368</b>							
<b>2. HOUSING LOCATION</b> <b>5248 State Hwy 77</b> <b>Trailer C</b> <b>Benton, MO 63736</b>					<b>3. HOUSING DESCRIPTION</b> <b>Trailer</b>							
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4			
		Length	<i>10'9"</i>				<i>10'11"</i>					
		Width	<i>8'3"</i>				<i>11'5"</i>					
		Ceiling Height	<i>8</i>				<i>8</i>					
		Square Feet	<i>110.19</i>				<i>116.26</i>					
		No. of Rooms	<i>1</i>				<i>1</i>					
		No. of Beds, Single	<i>1</i>				<i>2</i>					
No. of Beds or Bunks, Double												
<b>7. FACILITIES</b> (Number of each)												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
/					/							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs							
/												
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers (No. & type)							
/	/	/	/		/							
<b>8. COMMENTS</b> <i>need screen</i> <i>new window 2nd BR</i>												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature			Typed Name and Title				Date					
<i>Adam Ruesch</i>			<i>Adam Ruesch</i>				<i>7-26-17</i>					
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>				<i>7-26-17</i>					
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>				<i>7-26-17</i>					

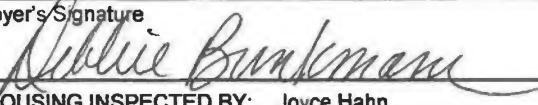
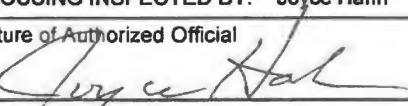
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  AJ&E Container Tree Farm, LLC 7393 Hwy N O'Fallon, MO 63368				
2. HOUSING LOCATION  5248 State Hwy 77 Trailer C Benton, MO 63736					3. HOUSING DESCRIPTION  720 sq ft Trailer				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length	10'9	10'11							
Width	8'3	11'5							
Ceiling Height	8	8							
Square Feet	110.19	116.26							
No. of Rooms	1	1							
No. of Beds, Single	2	2							
No. of Beds or Bunks, Double									
5. CAPACITY (Adults) 4									
6. REGULATIONS COMPLIANCE ( <i>'x'</i> proper box)									
Yes      No									
<input checked="" type="checkbox"/> Water <input type="checkbox"/>									
<input checked="" type="checkbox"/> Electricity <input type="checkbox"/>									
<input checked="" type="checkbox"/> Site <input type="checkbox"/>									
<input checked="" type="checkbox"/> Screening <input type="checkbox"/>									
<input checked="" type="checkbox"/> Heating <input type="checkbox"/>									
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1					
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 		Typed Name and Title <i>Tim Ruesch pres.</i>				Date 8/23/18			
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official <i>Joyce Hahn</i>		Typed Name and Title Joyce Hahn, Program Coordinator				Date 8/23/18			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Joyce Hahn</i>		Typed Name and Title Joyce Hahn, Program Coordinator				Date 8/23/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Aleweit Concrete Inc. 18358 County Hwy D-20 Alden, Iowa 50006				
2. HOUSING LOCATION  1028 Sonnock Ave Lot #14 14 Moberly, MO 65270					3. HOUSING DESCRIPTION  16 x 80 Mobile Home				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		13'6	13.6	13.6					
Width		11.6	11.6	11.6					
Ceiling Height		8	8	8					
Square Feet		160	160	160					
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double		2	2	2					
5. CAPACITY (Adults) 12									
6. REGULATIONS COMPLIANCE ("x" proper box) Yes No									
Water <input checked="" type="checkbox"/> <input type="checkbox"/>									
Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>									
Site <input checked="" type="checkbox"/> <input type="checkbox"/>									
Screening <input checked="" type="checkbox"/> <input type="checkbox"/>									
Heating <input checked="" type="checkbox"/> <input type="checkbox"/>									
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2					
Bathtubs 2	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 2					
8. COMMENTS  Smoke and Carbon Monoxide Detectors - 4 City trash pick-up Local laundry matt New quality built construction									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 			Typed Name and Title Thomas K. Schaffer Supervisor			Date 4/7/2015			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official 			Typed Name and Title Debra Minish, State Monitor Advocate			Date 4/7/2015			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 			Typed Name and Title Debra Minish, State Monitor Advocate			Date 4/7/2015			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332				
<b>2. HOUSING LOCATION</b> 542 Crow Creek Lane Augusta, MO 63332					<b>3. HOUSING DESCRIPTION</b> Ranch Home				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type		b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4			1	2
Length		12	12						
Width		11	11						
Ceiling Height		8	8						
Square Feet		132	132						
No. of Rooms		1	1						
No. of Beds, Single			2						
No. of Beds or Bunks, Double		1							
<b>7. FACILITIES</b> (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
1				1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1		1						
<b>8. COMMENTS</b>									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Debbie Brinkman				Date	
								12/6/18	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date	
								12/6/18	
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date	
								12/6/18	

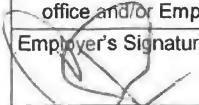
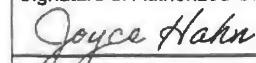
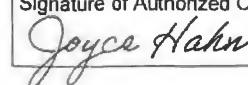
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332					
<b>2. HOUSING LOCATION</b> 520 Crow Creek Lane Augusta, MO 63332					<b>3. HOUSING DESCRIPTION</b> Ranch Home					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4	
Length		12	12							5. CAPACITY <i>(Adults)</i> <b>3</b>
Width		11	11							6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height		8	8							Yes      No
Square Feet		132	132							Water <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Rooms		1	1							Electricity <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Beds, Single			2							Site <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Beds or Bunks, Double		1 Db								Screening <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Beds or Bunks, Double										Heating <input type="checkbox"/> <input checked="" type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1						
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i>						
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Debbie Brinkman				Date  11-22-16			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-22-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 11-22-16			

U.S. Department of Labor, Employment and Training Administration <b>U.S. TRAINING AND EMPLOYMENT SERVICE</b> <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Augusta Wine Company 5601 High Street; PO Box 8 Augusta, MO 63332					
<b>2. HOUSING LOCATION</b> 520 Crow Creek Lane Augusta, MO 63332					<b>3. HOUSING DESCRIPTION</b> Ranch Home					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b> 1 2 3 4			<b>b. Family Type</b> 1 2 3 4			<b>ES USE ONLY</b>		
Length		12	12						5. CAPACITY <i>(Adults)</i> 3	
Width		11	11						6. REGULATIONS COMPLIANCE <i>('x' proper box)</i>	
Ceiling Height		8	8						<input type="checkbox"/>	<input checked="" type="checkbox"/>
Square Feet		132	132						<input type="checkbox"/>	<input checked="" type="checkbox"/>
No. of Rooms		1	1						<input type="checkbox"/>	<input checked="" type="checkbox"/>
No. of Beds, Single			2						<input type="checkbox"/>	<input checked="" type="checkbox"/>
No. of Beds or Bunks, Double		1 Db							<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7. FACILITIES</b> (Number of each)										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1				1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
1	1		1							
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein: <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature		Typed Name and Title			Date					
<i>Debbie Brinkman</i>		Debbie Brinkman			<i>7-17-87</i>					
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official		Typed Name and Title			Date					
<i>Joyce Hahn</i>		Joyce Hahn, Program Coordinator			<i>7-17-87</i>					
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official		Typed Name and Title			Date					
<i>Joyce Hahn</i>		Joyce Hahn, Program Coordinator			<i>7-17-87</i>					

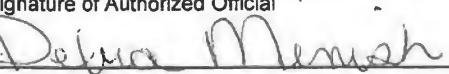
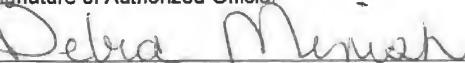
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>Augusta Wine Company</b> <b>5601 High Street; PO Box 8</b> <b>Augusta, MO 63332</b>								
<b>2. HOUSING LOCATION</b> <b>520 Crow Creek Lane</b> <b>Augusta, MO 63332</b>					<b>3. HOUSING DESCRIPTION</b> <b>Ranch Home</b>								
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>			
		1	2	3	4	1	2	3	4				
		Length	12	12									
		Width	11	11									
		Ceiling Height	8	8									
		Square Feet	132	132									
		No. of Rooms	1	1									
		No. of Beds, Single		2									
No. of Beds or Bunks, Double	1												
<b>7. FACILITIES</b> <i>(Number of each)</i>													
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads									
1				1									
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs									
1		1											
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>									
1	1		1										
<b>8. COMMENTS</b>													
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.													
Employer's Signature 			Typed Name and Title Debbie Brinkman				Date 1-14-16						
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn													
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-14-16						
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Program Coordinator				Date 1-14-16						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Brenda Benner Stables, Inc 6901 Oakland Gravel Rd Columbia, MO 65202					
<b>2. HOUSING LOCATION</b> Same as Above					<b>3. HOUSING DESCRIPTION</b> Apartment adjacent to Stables					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				11'				5. CAPACITY <i>(Adults)</i>	1
	Width				12'				6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	Yes      No
	Ceiling Height				8'				Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Square Feet				242'				Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Rooms				1				Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Beds, Single								Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double				1				Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads					
1					1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs					
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>					
	1	1	1		1 abc					
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title Brenda Benner, President				Date 11/20/16		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 11/20/16		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, Program Coordinator				Date 11/20/16		

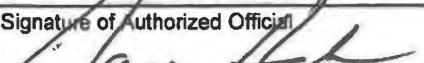
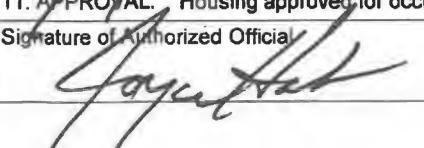
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Brenda Benner Stables, Inc 6901 Oakland Gravel Rd Columbia, MO 65202					
<b>2. HOUSING LOCATION</b> Same as Above					<b>3. HOUSING DESCRIPTION</b> Apartment adjancet to stables					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				11'					
	Width				12'					
	Ceiling Height				8'					
	Square Feet				242'					
	No. of Rooms				1					
No. of Beds, Single										
No. of Beds or Bunks, Double				1						
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads					
1					1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs					
1		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>					
	1	1	1		1 abc					
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title Brenda Benner, President				Date 12/9/14			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 12/9/14			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn, Workforce Specialist IV				Date 12/9/14			

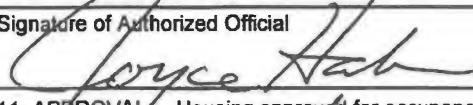
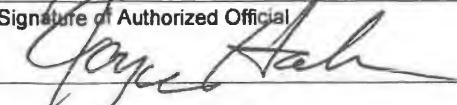
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Briggs Traditional Turf Farm, Inc. 22414 S. Harper Peculiar, MO 64078				
2. HOUSING LOCATION 160 W. 2 <sup>nd</sup> St. Peculiar, MO 64078					3. HOUSING DESCRIPTION Frame Barracks				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length		9'7	29'7	14'6					
Width		16'11	13'9	13'1					
Ceiling Height		8	8	8					
Square Feet		156.26	412.83	191.26					
No. of Rooms		1	1	1					
No. of Beds, Single		1	1						
No. of Beds or Bunks, Double		1DB	4BK	1bk					
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads	2				
1									
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	2	2	1	1					
8. COMMENTS									
<p>Laundry mat within walking distance -</p> <p>Once a week trash pickup.</p>									
9. EMPLOYER'S CERTIFICATION:									
<p>I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.</p>									
Employer's Signature					Typed Name and Title			Date	
					Lawrence Caren Briggs			3-08-18	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			3-08-18	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official					Typed Name and Title			Date	
					Joyce Hahn, Program Coordinator			3-08-18	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE					1. EMPLOYER'S NAME AND ADDRESS  H2A Complete II, Inc. 1926 First Commercial Drive N. Southaven, MS 38671						
EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>											
2. HOUSING LOCATION  410 Main Street Hornersville, MO 63855					3. HOUSING DESCRIPTION  Brick Building						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length	23'2	18'9	18'9	40'6					5. CAPACITY (Adults) 45		
Width	13'6	12'5	15'8	18'5					6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height	8	8	8	8					Yes	No	
Square Feet	315.52	236.25	298.62	751.1					<input checked="" type="checkbox"/> Water	<input type="checkbox"/>	
No. of Rooms	1	1	1	1					<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>	
No. of Beds, Single									<input checked="" type="checkbox"/> Site	<input type="checkbox"/>	
No. of Beds or Bunks, Double	4 bk	3 bk	4 bk	9bk					<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>	
									<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>	
7. FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
10					10		7				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs				
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type) 9abc				
<i>JZ</i>	4		6		1						
8. COMMENTS											
<p>Mess Hall is off-site. Cooks will be the only ones to have access to the kitchen area in the bunk house.</p> <p>Trash pickup once a week.</p>											
9. EMPLOYER'S CERTIFICATION:											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature					Typed Name and Title					Date	
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, FLC Coordinator					Date <i>5-23-18</i>	
11 APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official <i>Joyce Hahn</i>					Typed Name and Title Joyce Hahn, FLC Coordinator					Date <i>5-23-18</i>	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Jody Jones Trucking LLC 27172 Snapp Road Ketesville, MO 65261						
<b>2. HOUSING LOCATION</b> 23036 Paphael Road Brunswick, MO 65236					<b>3. HOUSING DESCRIPTION</b> Farm Dwelling						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type			b. Family Type			<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length				19'5					
		Width				10'10					
		Ceiling Height				8					
		Square Feet				2103					
		No. of Rooms				1					
		No. of Beds, Single									
No. of Beds or Bunks, Double				2							
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1							
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers <i>(No. &amp; type)</i> 1							
<b>8. COMMENTS</b> Inspected using OSHA 1910.142 regulations.  The housing resides in Chariton County, MO which does not have any codes that prevent placing a vent about the bathroom door for ventilation.  Trash pickup is not available twice a week as this housing is in the rural area.											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Glenn Fox, Manager				Date 2-22-15				
<b>10. HOUSING INSPECTED BY:</b> Signature of Authorized Official  Typed Name and Title Debra Minish, Program Coordinator         Date 2-25-15											
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official  Typed Name and Title Debra Minish, Program Coordinator         Date 2-25-15											

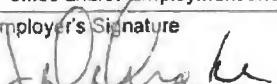
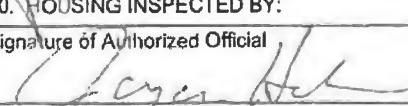
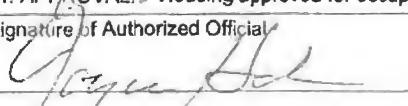
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Happy Apple 527 Commercial Drive Washington, MO 63090						
<b>2. HOUSING LOCATION</b> 305 North Three St. Marthasville, MO 63357					<b>3. HOUSING DESCRIPTION</b> HOUSE #3 Split Level						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
Length					14	16	13	13'5	12'5	5. CAPACITY <i>(Adults)</i>	20
Width					10	13'5	12	10	13'5	6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ceiling Height										Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet					140	208'5	156	130'5	156'10	Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single										Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					2	2	2	2	2	Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
3			5	3							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
3		2									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>							
3	3	2	2	2 ABC Dry							
<b>8. COMMENTS</b> 2 Driers											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Edward Reidy, President					Date 6/30/16		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								1. EMPLOYER'S NAME AND ADDRESS  Happy Apple 527 Commercial Drive Washington, MO 63090			
2. HOUSING LOCATION  300 North Three St. Marthasville, MO 63357								3. HOUSING DESCRIPTION  Split Level			
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4		
Length				14	16	13	13'5	12'5	5. CAPACITY (Adults) 20		
Width				10	13'5	12	10	13'5	6. REGULATIONS COMPLIANCE ("x" proper box)		
Ceiling Height									<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Square Feet				140	208'5	156	130'5	156'10	<input checked="" type="checkbox"/> Water <input type="checkbox"/>		
No. of Rooms									<input checked="" type="checkbox"/> Electricity <input type="checkbox"/>		
No. of Beds, Single									<input checked="" type="checkbox"/> Site <input type="checkbox"/>		
No. of Beds or Bunks, Double				2	2	2	2	2	<input checked="" type="checkbox"/> Screening <input type="checkbox"/>		
									<input checked="" type="checkbox"/> Heating <input type="checkbox"/>		
7. FACILITIES (Number of each)											
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 5	Showerheads 3							
Bathtubs 2	Movable Bathtubs	Laundry machines 2	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 2	Fire Extinguishers (No. & type) 2 ABC Dry							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title Edward Reidy, President					Date 6/30/16		
10. HOUSING INSPECTED BY: Joyce Hahn											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE								1. EMPLOYER'S NAME AND ADDRESS  Happy Apple 527 Commercial Drive Washington, MO 63090									
EMPLOYER FURNISHED HOUSING AND FACILITIES <i>(See Instructions on Reverse)</i>																	
2. HOUSING LOCATION  200 South Three St. Marthasville								3. HOUSING DESCRIPTION  Split Level									
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY							
		1	2	3	4	1	2	3	4								
Length					10	15	11	13	12	5. CAPACITY (Adults) 18							
Width					13	13	11	13	14	6. REGULATIONS COMPLIANCE ("x" proper box)							
Ceiling Height										Water		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
Square Feet					130	195	121	169	168	Electricity		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
No. of Rooms										Site		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
No. of Beds, Single					1		1			Screening		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
No. of Beds or Bunks, Double					1	2	1	2	2	Heating		<input checked="" type="checkbox"/>		<input type="checkbox"/>			
7. FACILITIES (Number of each)																	
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins			Showerheads											
Bathtubs 2	Movable Bathtubs	Laundry machines 1 washer	Fixed laundry tubs			Movable laundry tubs											
Cook Stoves 2	Refrigerators 4	Garbage containers 2	First-aid Kits 3			Fire Extinguishers (No. & type) 3 ABC Dry											
8. COMMENTS  2 Driers																	
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.																	
Employer's Signature 					Typed Name and Title Edward Reidy					Date 6/30/16							
10. HOUSING INSPECTED BY: Joyce Hahn																	
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16							
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.																	
Signature of Authorized Official 					Typed Name and Title Joyce Hahn, FLC Coordinator					Date 6/30/16							

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
<b>2. HOUSING LOCATION</b> 605 E. Fields Blvd. El Dorado Springs, MO 64744					<b>3. HOUSING DESCRIPTION</b> 16X80 Mobile Home				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length		14'10	11'9	16'2					5. CAPACITY <i>(Adults)</i> 11
Width		11'3	11'3	11'3					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i>
Ceiling Height		8	8	8					Yes      No
Square Feet		160	135	183					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms									Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		2	2	1					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
									Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2				2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
2									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i> 2 Kiddie					
1	1	1	1						
<b>8. COMMENTS</b> Smoke/Carbon Monoxide Detectors New quality built construction									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title				Date		
<i>Michael Alewelt</i>			<i>Michael Alewelt</i>				6/28/17		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>				6/28/17		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title				Date		
<i>Joyce Hahn</i>			<i>Joyce Hahn, Program Coordinator</i>				6/28/17		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Storey Farms Hwy E. Steele, MO 63877				
<b>2. HOUSING LOCATION</b> 2949 State Hwy E Steele, MO 63877					<b>3. HOUSING DESCRIPTION</b> House				
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>	
		1	2	3	4	1	2		
Length		8'11	21'3	13'2					5. CAPACITY <i>(Adults)</i> 3
Width		11'10	13'2	10'9					6. REGULATIONS COMPLIANCE <i>("x" proper box)</i> Yes      No
Ceiling Height		8	8	8					Water <input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		90.02	281.16	143.88					Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms		1	1	1					Site <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single			1	1					Screening <input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double		1db							Heating <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>7. FACILITIES</b> <i>(Number of each)</i>									
Flush Toilets	Privy		Urinals		Lav. or Washbasins	Showerheads			
2						2			
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs	Movable laundry tubs			
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>			
1	1				1	1			
<b>8. COMMENTS</b> Dryer on site.									
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature			Typed Name and Title			Date			
<i>Kenneth E. Storey</i>			<i>Kenneth E. Storey, Partner</i>			2/8/18			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn									
Signature of Authorized Official			Typed Name and Title			Date			
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator			2/8/18			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official			Typed Name and Title			Date			
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator			2/8/18			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701				
2. HOUSING LOCATION  12710 E. 249 <sup>th</sup> Street Peculiar, MO 64078 LOWER LIVING QUARTERS					3. HOUSING DESCRIPTION  Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length						12	12	12	
Width						7'3"	7'3"	7'4"	
Ceiling Height						7	7	7	
Square Feet						87.6	87.6	88.8	
No. of Rooms									
No. of Beds, Single						1-B	1B	1-B	
No. of Beds or Bunks, Double						0	0	0	
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
2			1	1					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
0		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
1	1	1	1	1					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature		Typed Name and Title			Date				
		James Drake Manager			1-31-18				
10. HOUSING INSPECTED BY:									
Signature of Authorized Official		Typed Name and Title			Date				
		Suzanne Hahn			1-31-18				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official		Typed Name and Title			Date				
		Suzanne Hahn			1-31-18				

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

### EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

#### 2. HOUSING LOCATION

12710 E. 249<sup>th</sup> Street  
Peculiar, MO 64078  
UPPER LIVING QUARTERS

#### 1. EMPLOYER'S NAME AND ADDRESS

Terra Farms, Inc.  
24820 S. Miller Road  
Harrisonville, MO 64701

#### 3. HOUSING DESCRIPTION

Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment

4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type				b. Family Type				ES USE ONLY	
	1	2	3	4	1	2	3	4		
Length					11	12	9'1"		5. CAPACITY (Adults) <i>#6</i>	
Width					12'6"	11'2"	9'4"		6. REGULATIONS COMPLIANCE ("x" proper box)	
Ceiling Height					9	9	9		<input checked="" type="checkbox"/> Water	<input type="checkbox"/>
Square Feet					138.6	134.4	85.54		<input checked="" type="checkbox"/> Electricity	<input type="checkbox"/>
No. of Rooms									<input checked="" type="checkbox"/> Site	<input type="checkbox"/>
No. of Beds, Single					0	2	<i>2</i>		<input checked="" type="checkbox"/> Screening	<input type="checkbox"/>
No. of Beds or Bunks, Double					1	0	0		<input checked="" type="checkbox"/> Heating	<input type="checkbox"/>
7. FACILITIES (Number of each)										
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 2						
Bathtubs 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1						

#### 8. COMMENTS

#### 9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

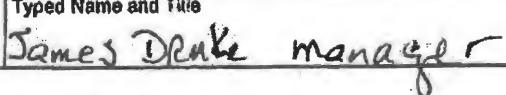
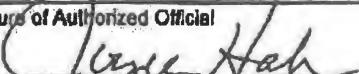
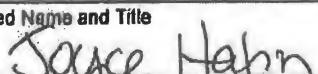
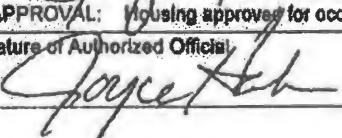
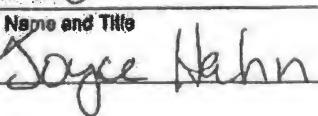
Employer's Signature <i>James Drake</i>	Typed Name and Title <i>James Drake manager</i>	Date <i>1-31-18</i>
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#### 10. HOUSING INSPECTED BY:

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, FLC Program Coordinator	Date <i>1-31-18</i>
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#### 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official <i>Joyce Hahn</i>	Typed Name and Title Joyce Hahn, FLC Program Coordinator	Date <i>1-31-18</i>
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<p><b>U.S. Department of Labor, Employment and Training Administration</b>  <b>U.S. TRAINING AND EMPLOYMENT SERVICE</b></p> <p align="center"><b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b></p> <p align="center">(See Instructions on Reverse)</p>					<p><b>1. EMPLOYER'S NAME AND ADDRESS</b></p> <p>Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701</p>					
<p><b>2. HOUSING LOCATION</b></p> <p>12710 E. 249<sup>th</sup> Street Peculiar, MO 64078 UPPER LIVING QUARTERS</p>					<p><b>3. HOUSING DESCRIPTION</b></p> <p>Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment</p>					
<p><b>4. SLEEP ROOMS</b> (No. &amp; Measure)</p>	a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				11	12	9'1"		<b>6. CAPACITY</b> (Adults) 4	
	Width				12'6"	11'2"	8'4"		<b>6. REGULATIONS COMPLIANCE</b> (x" proper box)	
	Ceiling Height				9	9	9		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Square Feet				138.6	134.4	85.54		Water <input checked="" type="checkbox"/> <input type="checkbox"/>	
	No. of Rooms								Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds, Single				0	2	1		Site <input checked="" type="checkbox"/> <input type="checkbox"/>		
No. of Beds or Bunks, Double				1	0	0		Screening <input checked="" type="checkbox"/> <input type="checkbox"/>		
<b>7. FACILITIES</b> (Number of each)								Heating <input checked="" type="checkbox"/> <input type="checkbox"/>		
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
2			2	2						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
2		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)						
1	1	1	1	1						
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title 				Date 1-19-17			
<b>10. HOUSING INSPECTED BY:</b>										
Signature of Authorized Official 			Typed Name and Title 				Date 1-19-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited Interstate.										
Signature of Authorized Official 			Typed Name and Title 				Date 1-19-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701					
<b>2. HOUSING LOCATION</b> 12710 E. 249 <sup>th</sup> Street Peculiar, MO 64078 <b>LOWER LIVING QUARTERS</b>					<b>3. HOUSING DESCRIPTION</b> Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				12	12	12			
	Width				7'3"	7'3"	7'4"			
	Ceiling Height				7	7	7			
	Square Feet				87.6	87.6	88.8			
	No. of Rooms									
No. of Beds, Single				1-B	1B	1-B				
No. of Beds or Bunks, Double				0	0	0				
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
2			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
0		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
1	1	1	1	1						
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 			Typed Name and Title James Drake Manager				Date 1-19-17			
<b>10. HOUSING INSPECTED BY:</b> Signature of Authorized Official 			Typed Name and Title Joyce Hahn - Coordinator				Date 1-19-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 			Typed Name and Title Joyce Hahn - Coordinator				Date 1-19-17			

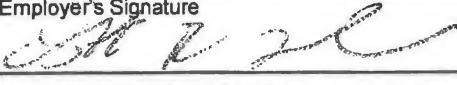
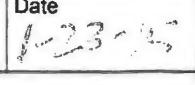
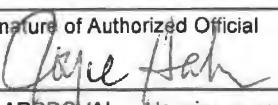
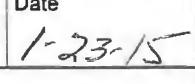
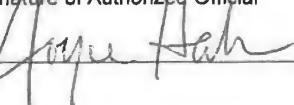
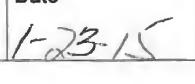
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701			
<b>2. HOUSING LOCATION</b> 12710 E. 249 <sup>th</sup> Street Peculiar, MO 64078 LOWER LIVING QUARTERS								<b>3. HOUSING DESCRIPTION</b> Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment			
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type				<b>ES USE ONLY</b>	
		1	2	3	4	1	2	3	4		
		Length				12	12	12	15		
		Width				7'3"	7'3"	7'4"	8'		
		Ceiling Height				7	7	7	7		
		Square Feet				87.6	87.6	88.8	120		
		No. of Rooms									
		No. of Beds, Single				1-B	1	1-B	0		
No. of Beds or Bunks, Double				0	0	0	0				
<b>7. FACILITIES</b> (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
0		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1	1	1	1							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 				Typed Name and Title James Drake foreman				Date 2-2-2016			
<b>10. HOUSING INSPECTED BY:</b>											
Signature of Authorized Official 				Typed Name and Title Debra Minish				State Monitor Advocate			
								Date 2-2-16			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 				Typed Name and Title Debra Minish				State Monitor Advocate			
								Date 2-2-16			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701				
2. HOUSING LOCATION  12710 E. 249 <sup>th</sup> Street Peculiar, MO 64078 UPPER LIVING QUARTERS					3. HOUSING DESCRIPTION  Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type		b. Family Type		ES USE ONLY			
		1	2	3	4	1	2	3	4
Length						11	12	9'1"	
Width						12'6"	11'2"	9'4"	
Ceiling Height						9	9	9	
Square Feet						138.6	134.4	85.54	
No. of Rooms									
No. of Beds, Single						0	2	1	
No. of Beds or Bunks, Double						1	0	0	
7. FACILITIES (Number of each)									
Flush Toilets 2	Privy	Urinals	Lav. or Washbasins 2	Showerheads 1 2					
Bathtubs 0 2	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1					
8. COMMENTS									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature <i>James Drake</i>			Typed Name and Title <i>James Drake</i>			Date <i>2-2-2016</i>			
10. HOUSING INSPECTED BY:									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title <i>Debra Minish</i> State Monitor Advocate			Date <i>2-2-16</i>			
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official <i>Debra Minish</i>			Typed Name and Title <i>Debra Minish</i> State Monitor Advocate			Date <i>2-2-16</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>								<b>1. EMPLOYER'S NAME AND ADDRESS</b> Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701		
<b>2. HOUSING LOCATION</b> 12710 E. 249 <sup>th</sup> Street Peculiar, MO 64078 UPPER LIVING QUARTERS								<b>3. HOUSING DESCRIPTION</b> Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment		
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>	
	1	2	3	4	1	2	3	4		
	Length				11	12	9'1"			
	Width				12'6"	11'2"	9'4"			
	Ceiling Height				9	9	9			
	Square Feet				138.6	134.4	85.54			
	No. of Rooms									
No. of Beds, Single				0	2	1		<b>5. CAPACITY</b> <i>(Adults)</i> 4		
No. of Beds or Bunks, Double				1	0	0		<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>		
								Yes	No	
								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
								<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads					
2			2		2					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs					
2		1								
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers					
1	1	1	1		(No. & type) 1					
<b>8. COMMENTS</b>										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature 				Typed Name and Title <i>Tim Wehner</i>				Date <i>1-22-15</i>		
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn</i>				Date <i>1-22-15</i>		
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official 				Typed Name and Title <i>Joyce Hahn</i>				Date <i>1-22-15</i>		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Terra Farms, Inc. 24820 S. Miller Road Harrisonville, MO 64701						
<b>2. HOUSING LOCATION</b> 12710 E. 249 <sup>th</sup> Street Peculiar, MO 64078 <b>LOWER LIVING QUARTERS</b>					<b>3. HOUSING DESCRIPTION</b> Full Upper House with a Full Apartment in the rear, front entrance to upper, rear entrance to lower apartment						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>		
	1	2	3	4	1	2	3	4			
	Length				12	12	12	15	<b>5. CAPACITY</b> <i>(Adults)</i>		3
	Width				7'3"	7'3"	7'4"	8'	<b>6. REGULATIONS COMPLIANCE</b> <i>("x" proper box)</i>		Yes      No
	Ceiling Height				7	7	7	7	Water		<input checked="" type="checkbox"/> <input type="checkbox"/>
	Square Feet				87.6	87.6	88.8	120	Electricity		<input checked="" type="checkbox"/> <input type="checkbox"/>
	No. of Rooms								Site		<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single				1-B	1	1-B	0	Screening		<input checked="" type="checkbox"/> <input type="checkbox"/>	
No. of Beds or Bunks, Double				0	0	0	0	Heating		<input checked="" type="checkbox"/> <input type="checkbox"/>	
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2			1	1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
0		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers				<i>(No. &amp; type)</i>			
1	1	1	1	1							
<b>8. COMMENTS</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title Tim Wehner				Date 1-22-15				
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn				Date 1-22-15				
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title Joyce Hahn				Date 1-22-15				

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084					
<b>2. HOUSING LOCATION</b> 10083 Red Ribbon Road Versailles, MO 65084					<b>3. HOUSING DESCRIPTION</b> 32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498					
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>		
		1	2	3	4	1	2	3	4	
Length										
Width										
Ceiling Height										
Square Feet										
No. of Rooms										
No. of Beds, Single										
No. of Beds or Bunks, Double										
<b>7. FACILITIES</b> <i>(Number of each)</i>										
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads						
1			1	1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs						
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>						
1	1		1	1						
<b>8. COMMENTS</b> Pull type travel trailer.										
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signature			Typed Name and Title				Date			
<i>Aubree Thouvenel</i>			Aubree Thouvenel, Owner				1-6-17			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn										
Signature of Authorized Official			Typed Name and Title				Date			
<i>Joyce Hahn</i>			Joyce Hahn, FLC Coordinator				1-6-17			
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.										
Signature of Authorized Official			Typed Name and Title				Date			
<i>Joyce Hahn</i>			Joyce Hahn, FLC Coordinator				1-6-17			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE  <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS  Thouvenel Harvesting 10083 Red Ribbon Rd. Versailles, MO 65084				
2. HOUSING LOCATION  10083 Red Ribbon Road Versailles, MO 65084					3. HOUSING DESCRIPTION  32 Ft Mobile travel trailer 2004 Keystone Cougar VIN# 4YDT301254B039498				
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type			b. Family Type			ES USE ONLY	
		1	2	3	4	1	2	3	4
Length									
Width									
Ceiling Height									
Square Feet									
No. of Rooms									
No. of Beds, Single									
No. of Beds or Bunks, Double									
5. CAPACITY (Adults) 7									
6. REGULATIONS COMPLIANCE ("X" proper box) Yes No									
Water <input checked="" type="checkbox"/> <input type="checkbox"/>									
Electricity <input checked="" type="checkbox"/> <input type="checkbox"/>									
Site <input checked="" type="checkbox"/> <input type="checkbox"/>									
Screening <input checked="" type="checkbox"/> <input type="checkbox"/>									
Heating <input checked="" type="checkbox"/> <input type="checkbox"/>									
7. FACILITIES (Number of each)									
Flush Toilets 1	Privy	Urinals	Lav. or Washbasins 1	Showerheads 1					
Bathtubs	Movable Bathtubs	Laundry machines 1	Fixed laundry tubs	Movable laundry tubs					
Cook Stoves 1	Refrigerators 1	Garbage containers	First-aid Kits 1	Fire Extinguishers (No. & type) 1					
8. COMMENTS  Pull type travel trailer.									
9. EMPLOYER'S CERTIFICATION:  I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 				Typed Name and Title Garrett Thouvenel, Owner				Date 	
10. HOUSING INSPECTED BY: Joyce Hahn									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 	
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.									
Signature of Authorized Official 				Typed Name and Title Joyce Hahn, FLC Coordinator				Date 	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> Tri-County Electrical Contractor, LLC 27469 Florida Rd. Center, MO 63436						
<b>2. HOUSING LOCATION</b> 207 Jefferson Street Perry, MO 63462					<b>3. HOUSING DESCRIPTION</b> House						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>			
		1	2	3	4	1	2			3	4
		Length				11'4	12'11			15'5	
		Width				13'4	12'8			11'10	
		Ceiling Height				8	8			8	
		Square Feet				152.76	155			172.05	
		No. of Rooms				1	1			1	
		No. of Beds, Single				2	3			3	
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets  2	Privy	Urinals	Lav. or Washbasins	Showerheads  2							
Bathtubs  2	Movable Bathtubs	Laundry machines  1	Fixed laundry tubs	Movable laundry tubs							
Cook Stoves  1	Refrigerators  1	Garbage containers  1	First-aid Kits  1	Fire Extinguishers <i>(No. &amp; type)</i>  1							
<b>8. COMMENTS</b> 1 dryer on-site escape ladder on 2 <sup>nd</sup> floor											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature  <i>Pamela Barnes</i>		Typed Name and Title  <i>Pamela Barnes, President</i>								Date  <i>3/20/18</i>	
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official  <i>Joyce Hahn</i>		Typed Name and Title  <i>Joyce Hahn, Program Coordinator</i>						Date  <i>3/20/18</i>			
<b>11 APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official  <i>Joyce Hahn</i>		Typed Name and Title  <i>Joyce Hahn, Program Coordinator</i>						Date  <i>3/20/18</i>			

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS Tri-County Electrical Contractor, LLC 27469 Florida Rd Center, MO 63436						
2. HOUSING LOCATION 919 Churchill Rd. Fulton, MO 65251					3. HOUSING DESCRIPTION Apartment						
4. SLEEP ROOMS (No. & Measure)		a. Dormitory Type				b. Family Type				ES USE ONLY	
		1	2	3	4	1	2	3	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Length		11'9	12'1	11'10	14'8					5. CAPACITY (Adults)	8
Width		11'11	9'7	14'5	17'8					6. REGULATIONS COMPLIANCE ("x" proper box)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ceiling Height		8	8	8	8					Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet		132	117	160	263					Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms										Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single		2	2	3	1					Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double										Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>
7. FACILITIES (Number of each)											
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads							
2				2							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs							
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)							
1	1		1	1							
8. COMMENTS											
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature		Typed Name and Title					Date				
<i>Jen Barnes</i>		<i>Pam Barnes</i>					9/11/18				
10. HOUSING INSPECTED BY:											
Signature of Authorized Official		Typed Name and Title					Date				
<i>Joyce Hahn</i>		Joyce Hahn, Program Coordinator					9/11/18				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official		Typed Name and Title					Date				
<i>Joyce Hahn</i>		Joyce Hahn, Program Coordinator					9/11/18				

U.S. Department of Labor, Employment and Training Administration  
U.S. TRAINING AND EMPLOYMENT SERVICE

**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

**1. EMPLOYER'S NAME AND ADDRESS**

Tri-County Electrical Contractors, LLC  
27469 Florida Road  
Center, MO 63436

**2. HOUSING LOCATION**

1079 N. 7<sup>th</sup> Street  
Canton, MO 63435

**3. HOUSING DESCRIPTION**

Manufactured Mobile Home

<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>
	1	2	3	4	1	2	3	4	
Length					11'6"	28'9"			5. CAPACITY (Adults) <i>4</i>
Width					10'10"	9'9"			6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height					8	8			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Square Feet					117.16	298.01			Water <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Rooms									Electricity <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Beds, Single					2	2			Site <input type="checkbox"/> <input checked="" type="checkbox"/>
No. of Beds or Bunks, Double									Screening <input type="checkbox"/> <input checked="" type="checkbox"/>
									Heating <input type="checkbox"/> <input checked="" type="checkbox"/>

**7. FACILITIES (Number of each)**

Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads
1				1
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs

Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)
1	1	1	1	1

**8. COMMENTS**

W.C.L.W.

**9. EMPLOYER'S CERTIFICATION:**

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein  meets  does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature	Typed Name and Title	Date
<i>Pamela Barnes</i>	<i>Pamela Barnes, President</i>	<i>5/17/17</i>

**10. HOUSING INSPECTED BY:** Joyce Hahn

Signature of Authorized Official	Typed Name and Title	Date
<i>Joyce Hahn</i>	<i>Joyce Hahn, Program Coordinator</i>	<i>5-17-17</i>

**11. APPROVAL** Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official	Typed Name and Title	Date
<i>Joyce Hahn</i>	<i>Joyce Hahn, Program Coordinator</i>	<i>5-17-17</i>

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <b>Wright Liberty Farms, LLC</b> 42922 Old Hwy 10 Richmond, MO 64085									
2. HOUSING LOCATION <b>48532 Hwy 10</b> Hardin, MO 64035					3. HOUSING DESCRIPTION <b>Farm House</b>									
4. SLEEP ROOMS <i>(No. &amp; Measure)</i>		a. Dormitory Type				b. Family Type		<b>ES USE ONLY</b>						
		1	2	3	4	1	2			3	4			
Length		15'4"	15'4"	15'4"	15'4"									
Width		13'6"	12'5"	13'5"	13'6"									
Ceiling Height		9	9	9	9									
Square Feet		207	190	206	207									
No. of Rooms		1	1	1	1									
No. of Beds, Single		1	1	1	1									
No. of Beds or Bunks, Double														
7. FACILITIES <i>(Number of each)</i>														
Flush Toilets		Privy	Urinals	Lav. or Washbasins	Showerheads									
1				1	1									
Bathtubs		Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs									
1			1											
Cook Stoves		Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers <i>(No. &amp; type)</i>									
1		1	2	2	2									
8. COMMENTS <b>ETA Regs used for the inspection</b> <b>Propane gas for heating</b>														
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.														
Employer's Signature				Typed Name and Title				Date						
<i>Debra Minish</i>				<i>Crystal Wood Office manager</i>				7/30/15						
10. HOUSING INSPECTED BY:														
Signature of Authorized Official				Typed Name and Title				Date						
<i>Debra Minish</i>				<i>Debra Minish, State Monitor Advocate</i>				7/30/15						
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.														
Signature of Authorized Official				Typed Name and Title				Date						
<i>Debra Minish</i>				<i>Debra Minish, State Monitor Advocate</i>				7/30/15						

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>Wright Liberty Farms, LLC</b> <b>42922 Old Hwy 10</b> <b>Richmond, MO 64085</b>						
<b>2. HOUSING LOCATION</b> <b>48532 Hwy 10</b> <b>Hardin, MO 64035</b>					<b>3. HOUSING DESCRIPTION</b> <b>Farm House</b>						
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>	<b>a. Dormitory Type</b>				<b>b. Family Type</b>				<b>ES USE ONLY</b>		
	1	2	3	4	1	2	3	4			
	Length	15'4	15'4	15'4	15'4						
	Width	13'6	12'5	13'5	13'6						
	Ceiling Height	9	9	9	9						
	Square Feet	207	190	206	207						
	No. of Rooms										
	No. of Beds, Single	1	1	1	1						
No. of Beds or Bunks, Double											
<b>7. FACILITIES</b> <i>(Number of each)</i>											
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads						
1			1		1						
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tubs						
1		1									
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers						
1	1	2	2		(No. & type)						
					2						
<b>8. COMMENTS</b> <b>ETA Regs used for the inspection</b> <b>Propane gas for heating</b>											
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.											
Employer's Signature 			Typed Name and Title <b>Crystal R. Wood</b>			<b>Office Manager</b>		Date <b>7-12-16</b>			
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn											
Signature of Authorized Official 			Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>			Date <b>7-12-16</b>					
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.											
Signature of Authorized Official 			Typed Name and Title <b>Joyce Hahn, Program Coordinator</b>			Date <b>7-12-16</b>					

<b>U.S. Department of Labor, Employment and Training Administration</b> <b>U.S. TRAINING AND EMPLOYMENT SERVICE</b> <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					<b>1. EMPLOYER'S NAME AND ADDRESS</b> <b>Wright Altherton Farms, LLC</b> <b>22505 East Meyers Rd.</b> <b>Independence, MO 64058</b>							
<b>2. HOUSING LOCATION</b> <b>48532 Hwy 10</b> <b>Richmond, MO 64085</b>					<b>3. HOUSING DESCRIPTION</b> <b>Farm House</b>							
<b>4. SLEEP ROOMS</b> <i>(No. &amp; Measure)</i>		<b>a. Dormitory Type</b>			<b>b. Family Type</b>			<b>ES USE ONLY</b>				
		1	2	3	4	1	2			3	4	
Length					154	154	154			154	6. CAPACITY <i>(Adults)</i>	12 <input checked="" type="checkbox"/> 14 <input type="checkbox"/>
Width					136	126	135			136	7. REGULATIONS COMPLIANCE <i>(X proper box)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ceiling Height					9	9	9			9	Water	<input checked="" type="checkbox"/> <input type="checkbox"/>
Square Feet					207	190	208			207	Electricity	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Rooms											Site	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds, Single					1	1	3			3	Screening	<input checked="" type="checkbox"/> <input type="checkbox"/>
No. of Beds or Bunks, Double					1BK	1BK		1BK	Heating	<input checked="" type="checkbox"/> <input type="checkbox"/>		
<b>7. FACILITIES</b> <i>(Number of each)</i>												
Flush Toilets	Privy	Urinals	Lav. or Washbasins		Showerheads							
1			1		1							
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs		Movable laundry tube							
1		1										
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Extinguishers <i>(No. &amp; type)</i>							
1	1	2	2		2							
<b>8. COMMENTS</b> <b>ETA Regs used for the inspection</b> <b>Propane gas for heating</b>												
<b>9. EMPLOYER'S CERTIFICATION:</b> I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signature			Typed Name and Title				Date					
<i>Joyce Hahn</i>							2-14-17					
<b>10. HOUSING INSPECTED BY:</b> Joyce Hahn												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				2-14-17					
<b>11. APPROVAL:</b> Housing approved for occupancy by workers recruited interstate.												
Signature of Authorized Official			Typed Name and Title				Date					
<i>Joyce Hahn</i>			Joyce Hahn, Program Coordinator				2-14-17					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE <b>EMPLOYER FURNISHED HOUSING AND FACILITIES</b> <i>(See Instructions on Reverse)</i>					1. EMPLOYER'S NAME AND ADDRESS <del>Wright</del> <i>Wright Farms, LLC</i> <i>42922 OH Hwy 10</i> <i>Richmond, Mo 64085</i>				
2. HOUSING LOCATION <i>9012 Long Lake Rd</i> <i>Richmond, Mo 64085</i>					3. HOUSING DESCRIPTION <i>House</i>				
<b>4. SLEEP ROOMS (No. &amp; Measure)</b>	a. Dormitory Type				b. Family Type			<b>ES USE ONLY</b>  5. CAPACITY (Adults) <i>8</i> 6. REGULATIONS COMPLIANCE ("x" proper box)	
	1	2	3	4	1	2	3		4
	Length	<i>14'4</i>	<i>15'1</i>	<i>14'1</i>					
	Width	<i>15</i>	<i>14'1</i>	<i>12'2</i>					
	Ceiling Height	<i>8</i>	<i>8</i>	<i>8</i>					
	Square Feet								
No. of Rooms									
No. of Beds, Single	<i>1</i>	<i>1</i>							
No. of Beds or Bunks, Double	<i>1 BK</i>	<i>1 bK</i>	<i>1 bK</i>						
7. FACILITIES (Number of each)									
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads					
<i>2</i>				<i>1</i>					
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs					
<i>2</i>		<i>1</i>							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguishers (No. & type)					
<i>1</i>	<i>1</i>		<i>1</i>	<i>2</i>					
8. COMMENTS <i>Screen on bedroom 1 (Need to check Water Test leak to wash machine Door to basement needs replaced Bricks need fixed at entry Fire Escape ladders in 2 upper bedrooms)</i>									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein <input checked="" type="checkbox"/> meets <input type="checkbox"/> does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature 		Typed Name and Title <i>Crystal Wood office manager</i>			Date <i>9/27/17</i>				
10. HOUSING INSPECTED BY: Signature of Authorized Official 									
Signature of Authorized Official 		Typed Name and Title <i>Joyce Hahn, Workforce Specialist IV</i>			Date <i>9/27/17</i>				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official 									
Signature of Authorized Official 		Typed Name and Title <i>Joyce Hahn, Workforce Specialist IV</i>			Date <i>9/27/17</i>				